

# Nevada Medicaid PASRR, LOC & Nursing Facility Provider Training

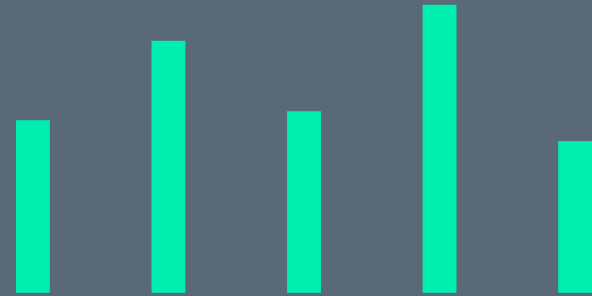


# Nevada Medicaid – PASRR / LOC / Nursing Facility Training

1. Accessing Pre-Admission Screening Resident Review / Level of Care (PASRR/LOC) in Electronic Verification System (EVS)
2. PASRR Information
3. Level of Care Training Information
4. Nursing Facility and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Tracking Information
5. Contacts and Resources



# Accessing PASRR/LOC in the Electronic Verification System (EVS)



# Accessing the PASRR/LOC System



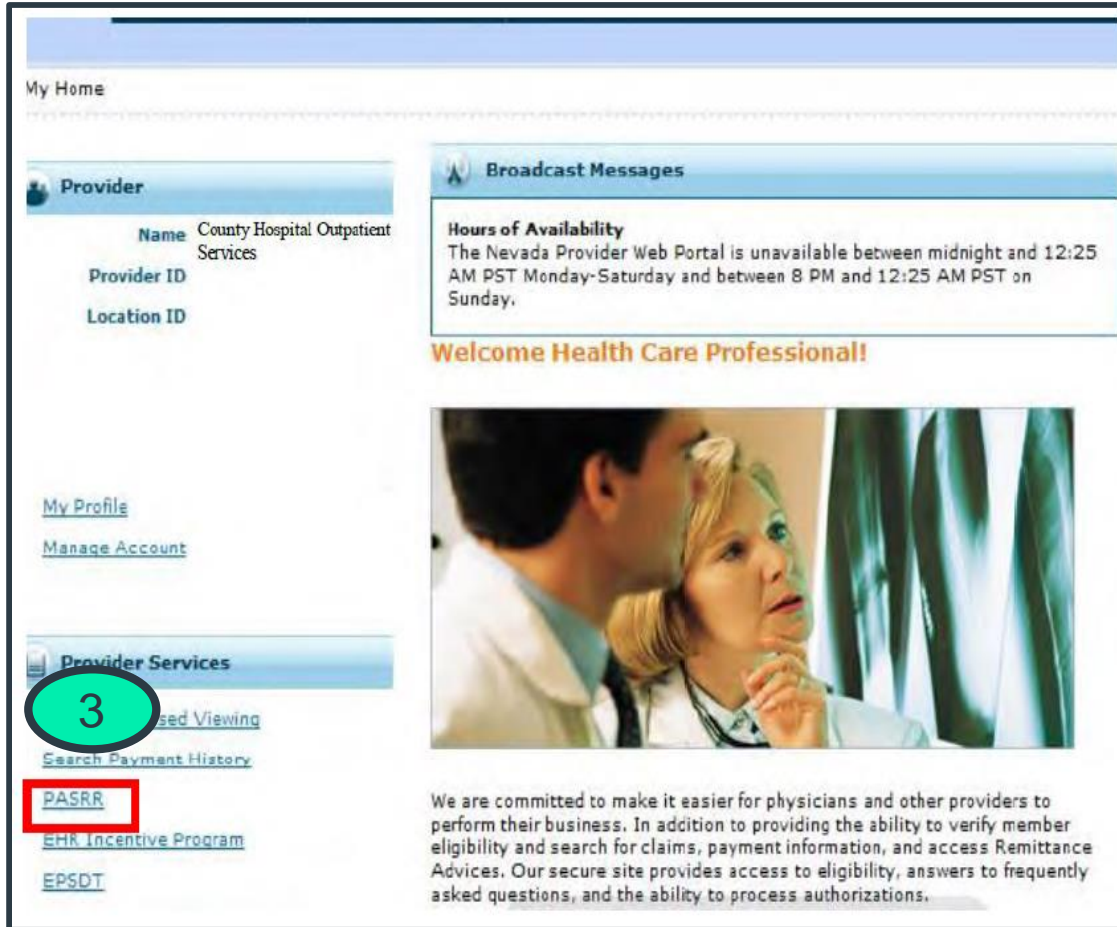
You must be a registered user of the Provider Web Portal.

1. Go to [www.medicaid.nv.gov](http://www.medicaid.nv.gov).
2. Click on the “EVS” tab.
  - a. Click on the “Provider Login (EVS)” tab.
  - b. Enter your User ID.
  - c. Click ‘Log In’ button.
  - d. If you have not yet registered for EVS, select the Register Now link to complete your registration.

A screenshot of the 'Provider Login' form. The form has a blue header with the text 'Provider Login' and a question mark icon. Below the header, there is a section labeled '\*User ID' with a red box around the text 'Enter User ID here.' and a blue 'Log In' button. At the bottom of the form, there are three blue links: 'Forgot User ID?', 'Register Now', and 'Where do I enter my password?'.

# Accessing the PASRR/LOC System, continued

3. From the user's home page, select "PASRR" from the "Provider Services" section.



# Accessing the PASRR/LOC System, continued

**Log Into Nevada PASRR Screening Tool:**

**User ID:**

**Password:** 4

5 After some period of inactivity, the system will log you out automatically and ask you to log in again.

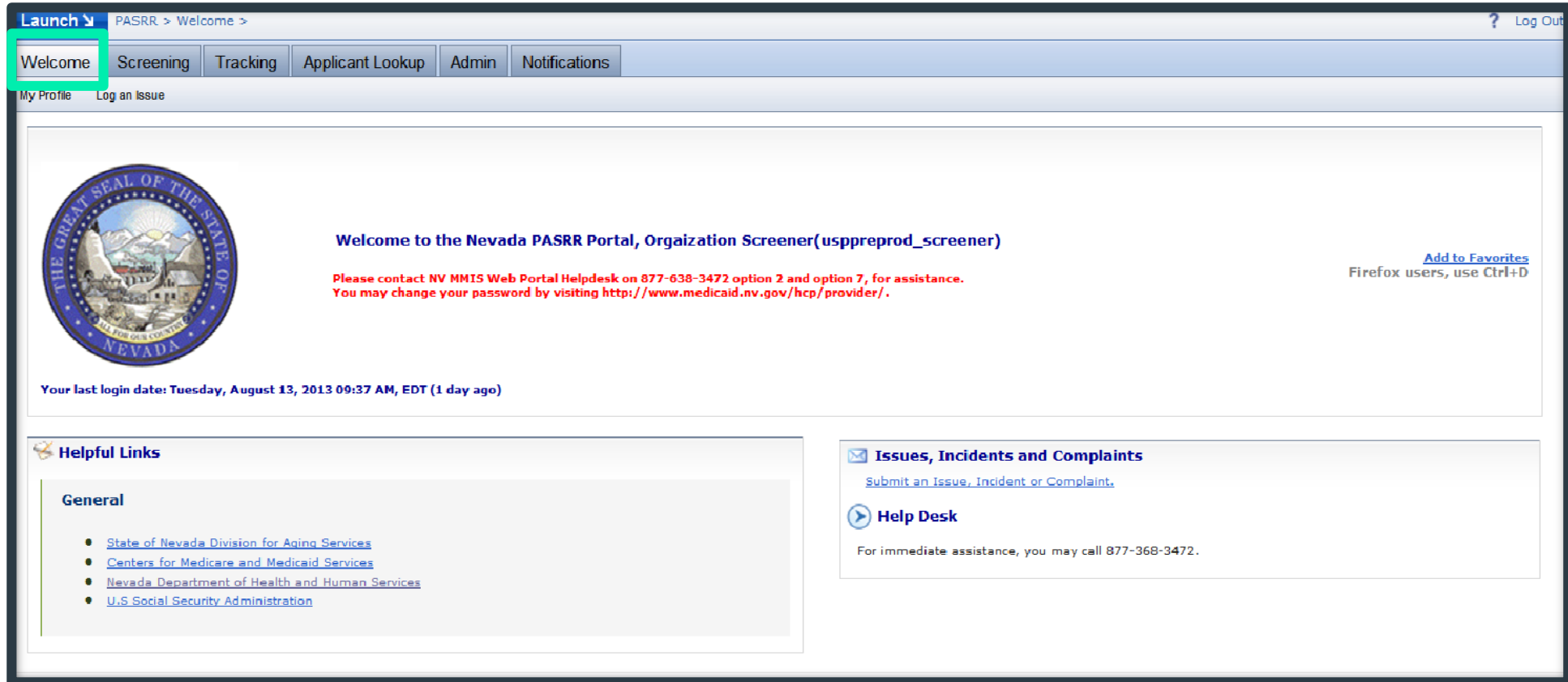
**PROVIDERS:**

Please note your passwords will expire every 60 days. If your password has expired or is about to expire. You will need to visit the Nevada Provider Portal. [Click here](#) to change your Password.

If you have any problems resetting your password please contact the web portal helpdesk at 877-638-3472 ☎ option 2, option 7

4. Enter your EVS Portal User ID and password.
5. Click the “Log in” button.

# PASRR/LOC System – Welcome Screen




The screenshot shows the Nevada PASRR Portal Welcome Screen. At the top, there is a navigation bar with a "Launch" dropdown menu and a "PASRR > Welcome >" breadcrumb. Below this is a horizontal menu with tabs: "Welcome" (highlighted with a red box), "Screening", "Tracking", "Applicant Lookup", "Admin", and "Notifications". Below the tabs are links for "My Profile" and "Log an Issue". The main content area features the Nevada State Seal on the left. To the right of the seal, the text reads: "Welcome to the Nevada PASRR Portal, Organization Screener(uspprod\_screener)". Below this, a red message states: "Please contact NV MMIS Web Portal Helpdesk on 877-638-3472 option 2 and option 7, for assistance. You may change your password by visiting <http://www.medicaid.nv.gov/hcp/provider/>." To the right of this message is a link "Add to Favorites" and a note "Firefox users, use Ctrl+D". Below the main content area, there is a section titled "Your last login date: Tuesday, August 13, 2013 09:37 AM, EDT (1 day ago)". At the bottom, there are two sidebars. The left sidebar is titled "Helpful Links" and contains a "General" section with four links: "State of Nevada Division for Aging Services", "Centers for Medicare and Medicaid Services", "Nevada Department of Health and Human Services", and "U.S Social Security Administration". The right sidebar is titled "Issues, Incidents and Complaints" and contains a link "Submit an Issue, Incident or Complaint." and a "Help Desk" section with the text "For immediate assistance, you may call 877-368-3472."

Launch ▾ PASRR > Welcome > ? Log Out

Welcome Screening Tracking Applicant Lookup Admin Notifications


My Profile Log an Issue

 **Welcome to the Nevada PASRR Portal, Organization Screener(uspprod\_screener)**

Please contact NV MMIS Web Portal Helpdesk on 877-638-3472 option 2 and option 7, for assistance.  
You may change your password by visiting <http://www.medicaid.nv.gov/hcp/provider/>.


[Add to Favorites](#)  
Firefox users, use Ctrl+D

Your last login date: Tuesday, August 13, 2013 09:37 AM, EDT (1 day ago)


 **Helpful Links**

**General**

- [State of Nevada Division for Aging Services](#)
- [Centers for Medicare and Medicaid Services](#)
- [Nevada Department of Health and Human Services](#)
- [U.S Social Security Administration](#)

 **Issues, Incidents and Complaints**

[Submit an Issue, Incident or Complaint.](#)

 **Help Desk**

For immediate assistance, you may call 877-368-3472.

# PASRR/LOC System – Welcome Screen, continued

The “Welcome” tab is displayed after you sign in to the PASRR system. This page provides:

- Help Desk Contact Information
- General Helpful Links

There are also sub-tabs that allow for:

- Profile management (My Profile)
- Logging an issue



# PASRR/LOC System – My Profile

The screenshot displays the 'My Profile' page in the PASRR/LOC system. The page is titled 'View/Update My Information for Logged In User (vzfxkh)'. It contains several sections:

- User Information:** Fields for Name (Abramson, Jenny), Login Name (vzfxkh), Telephone Number (800-688-6696 x7), Email Address (jenny.abramson@hp.com), Medicaid Provider Number, and NPI.
- Credentials:** A dropdown menu for Credential type (Other (Specify in Comment)) and a text field for Comment (Business Analyst).
- Alerts:** A checkbox for 'Receive Email alerts' (Yes) and a radio button for 'No'.
- Current Organization Associations And Roles:** A table listing associations with columns for SL#, ORC, Role, Status, and Action.
- Add New Association (Step 1):** Fields for 'Enter Organization Name' and 'Enter ORC Code', with links for 'Get ORC code' and 'Get Roles'.

SL#	ORC	Role	Status	Action
1	ED1041067487	Data Analysts	SAVED	<a href="#">Delete Association</a>
2	ED1041067487	Help Desk	SAVED	<a href="#">Delete Association</a>
3	ED1041067487	Nurse Analysts	SAVED	<a href="#">Delete Association</a>
4	ED1041067487	Nurse Admins	SAVED	<a href="#">Delete Association</a>
5	ED1041067487	Usp Administrators	SAVED	<a href="#">Delete Association</a>
6	TE1041067490	Admin	SAVED	
7	TE1041067490	Screeners	SAVED	<a href="#">Delete Association</a>
8	TE1041067490	Tracker	SAVED	<a href="#">Delete Association</a>

The “My Profile” screen allows the user to edit and maintain the following information:

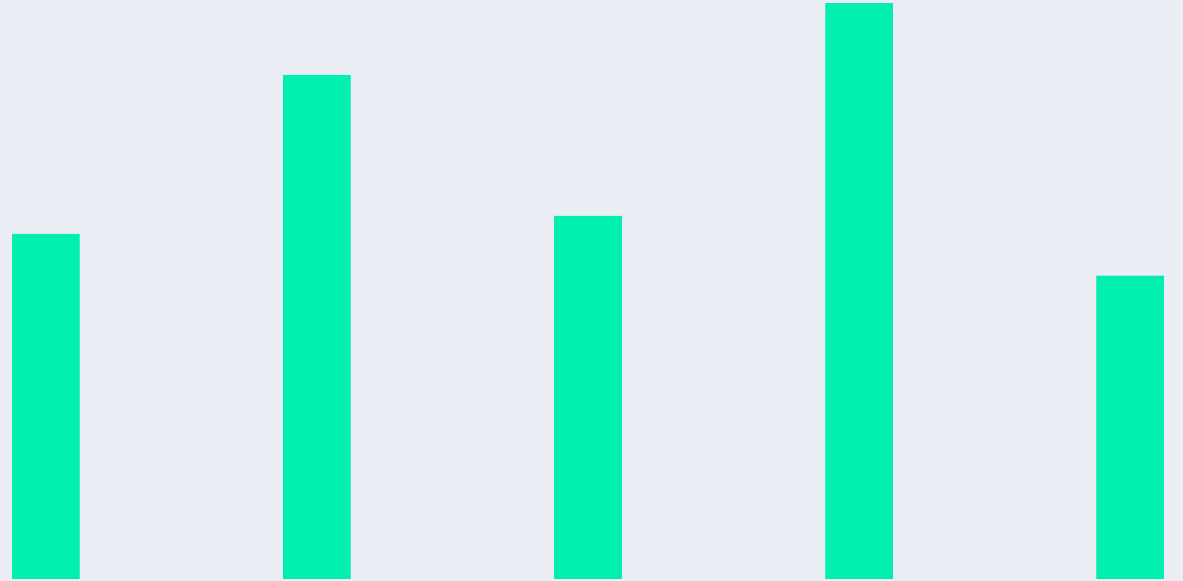
- User Information
- Credentials
- Organization Associations and Roles

Please refer to the “[Training Materials](#)” located under the Prior Authorization tab on the Medicaid provider website for information about instructions regarding how to request a role within an organization.

# NV MMIS PASRR Training



# What is PASRR?



# What is PASRR

Pre-Admission Screening and Resident Review (PASRR):

- Federally mandated program (OBRA 87) (42 CFR 483 Subpart C)
- Ensures all individuals applying for admission to Medicaid certified nursing facilities are screened for evidence of Mental Illness (MI), Intellectual Disabilities (ID) and/or Related Conditions (RC) regardless of payment source
- Ensures an individual is placed appropriately in the least restrictive setting possible
- Ensures an individual also receives specialized services if needed for the management of MI, ID and/or RC

# Types of PASRRs

## Level I

- No time limit
- No mental illness, intellectual disability or related condition that meets criteria for Level II PASRR

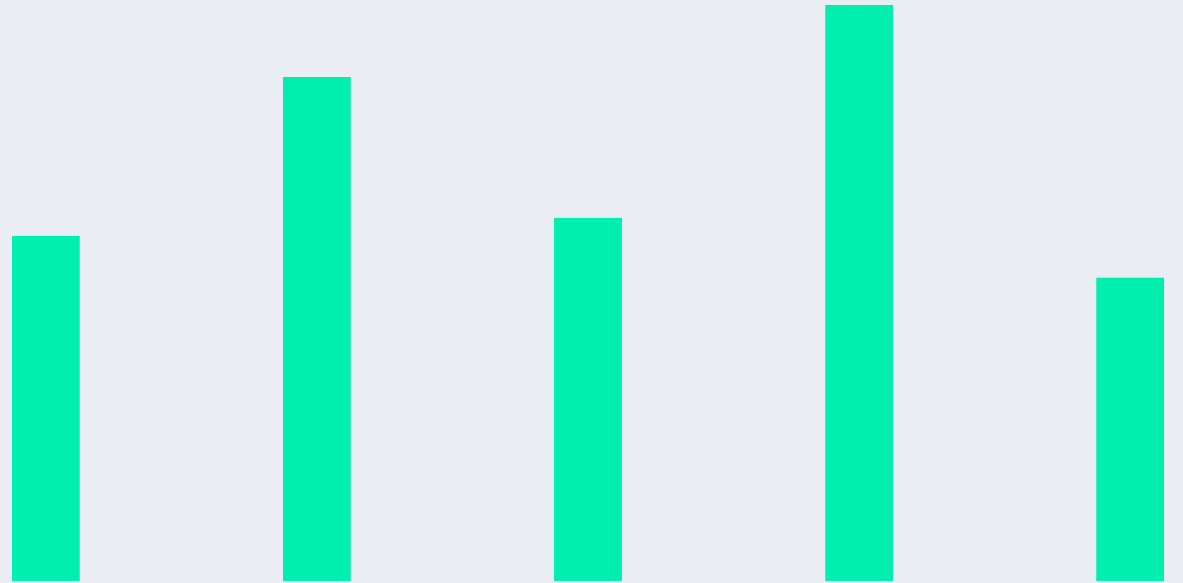
**Note:** Level IA cannot be admitted to a nursing facility until Level II is completed

## Level II

- There is either a mental illness, intellectual disability or related condition that meets criteria for Level II PASRR
- Has Specialized Services to manage the mental illness, intellectual disability or related condition
- Within the Level II there are special categories that may be time limited

**Note:** Level IIA cannot be admitted to a nursing facility

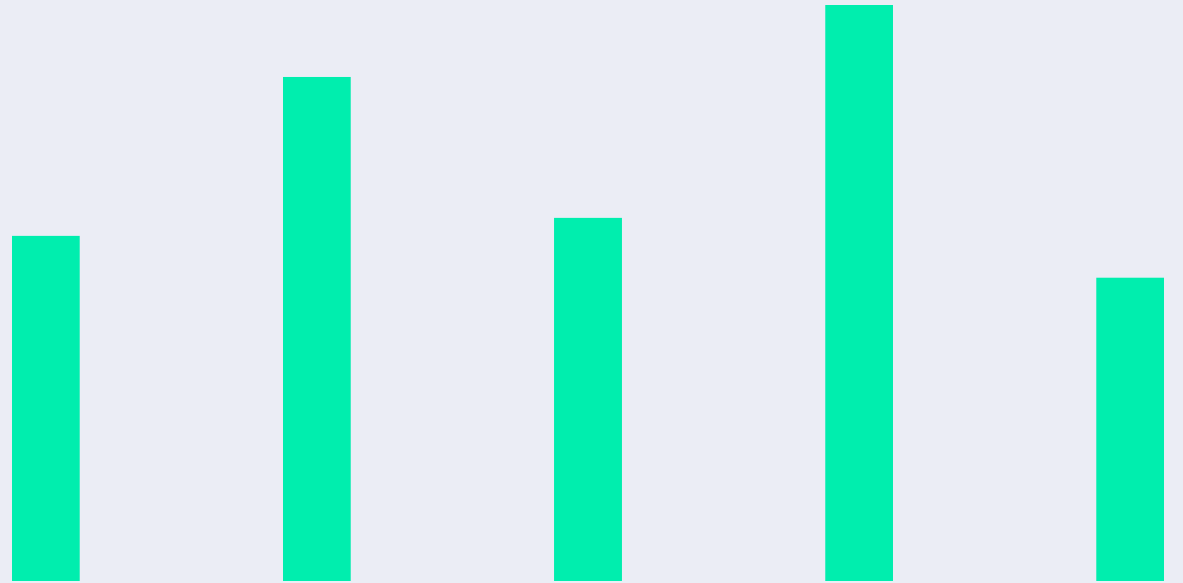
# What is the Fiscal Agent's role with PASRR?



# What is the Fiscal Agent's Role with PASRR

- The fiscal agent is the current Quality Improvement Organization (QIO-like vendor) contracted with the Division of Health Care Financing and Policy (DHCFP) and is referred to as Nevada Medicaid.
- The DHCFP contracts with the QIO-like vendor to conduct Level I Identification screenings and PASRR Level II determinations.

# What is the PASRR Screening Tool?

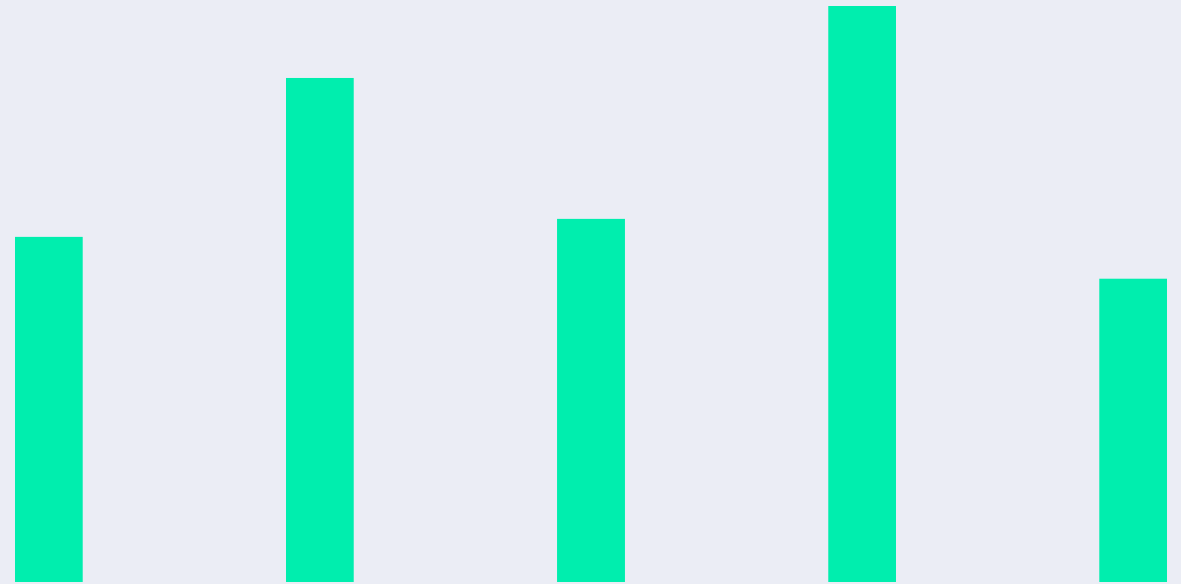




# What is the PASRR Screening Tool?

- Provides consistent screening and uniformity along the continuum of care
- Provides one integrated screening process
- 24/7 access available to registered users

# How the PASRR Screening Tool Works



# How the PASRR Screening Tool Works:

- User submits a PASRR Level I request via a secure web solution via the Nevada Provider Web Portal.
- PASRR submissions auto-adjudicate in or near real time or the submission may go to a manual review status for a nurse reviewer to determine if a Level II evaluation is indicated.
- Tool generates appropriate determination letters.

# Applicant Lookup




# Applicant Lookup

WelcomeScreeningTrackingApplicant LookupAdminNotifications

Current Organization details and User roles: [Click Here](#) to expand/collapse

Enter your search criteria:

[show search criteria](#)

Name (Last , First)*		SSN** (999999999):	Date of Birth (mm/dd/yyyy):
<input type="text"/>	<input type="text"/>	<input type="text"/> Undocumented Resident: <input type="checkbox"/>	<input type="text"/> 
Screening ID (99999999):	Medicaid ID:	PASRR Number:	NVP ID (999999):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Search

Clear

Your search criteria must contain a combination of 3 unique values or the Screening ID along with one other value.

\* The first and last name count as one value.

\*\* If Applicant/Patient doesn't have an SSN, check 'Undocumented Resident'.

- Always start with performing an applicant lookup as there may be an existing PASRR on file.
- User has to enter a minimum of three identifiers to perform an applicant search:
  - Last Name
  - First Name
  - SSN
  - DOB
  - Medicaid ID

# Applicant Lookup: No Applicants Found

Enter your search criteria:

Name (Last , First)*		SSN** (999999999):	Date of Birth (mm/dd/yyyy):
<input type="text"/>	<input type="text"/>	<input type="text"/> Undocumented Resident: <input type="checkbox"/>	<input type="text"/>
Screening ID (99999999):	Medicaid ID:	PASRR Number:	NVP ID (999999):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your search criteria must contain a combination of 3 unique values or the Screening ID along with one other value.  
\* The first and last name count as one value.  
\*\* If Applicant/Patient doesn't have an SSN, check 'Undocumented Resident'.

There are no results matching your search criteria.  
You may change your criteria for search or click on 'Create Applicant' button above, to create an Applicant with the above supplied data.

Select an Applicant

Narrow your search to see more.

NVP ID	Last Name	First Name	Middle Name	Date Of Birth	Gender	SSN	Medicaid ID
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There are no Applicants found matching the search criteria. Either Submit a new Level I PASRR Screening form, revise your search criteria or contact the helpdesk for further assistance.

- Verify correct demographic information is available before performing applicant search:
- If incorrect information is used, or no PASRR is on file, the search will yield a result of “There are no results matching your search criteria”

# Applicant Lookup: Applicant on File

**Launch** ▾ Home > Applicant Lookup >

Welcome Screening Tracking **Applicant Lookup** 1 Admin Notifications

Current Organization details and User roles: [Click Here](#) to expand/collapse

**Enter your search criteria:**  
[show search criteria](#)

Name (Last, First)*		SSN** (999999999):	Date of Birth (mm/dd/yyyy):
<input type="text" value="test"/>	<input type="text" value="test"/> <span>2</span>	<input type="text"/> <small>Undocumented Resident: <input type="checkbox"/></small>	<input type="text"/>
Screening ID (99999999):	Medicaid ID:	PASRR Number:	NVP ID (999999):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your search criteria must contain a combination of 3 unique values or the Screening ID along with one other value.  
\* The first and last name count as one value.  
\*\* If Applicant/Patient doesn't have an SSN, check 'Undocumented Resident'.

**Select an Applicant**

(Displaying 2 of 2 record(s)) Narrow your search to see more.

NVP ID	Last Name	First Name	Middle Name	Date Of Birth	Gender	SSN	Medicaid ID
257030	<a href="#">Tester</a>	Test	1	08/19/1967	Male	XXX-XX-	

3

1. Click on the “Applicant Lookup” tab.
2. Enter identifiers into the search criteria and click the “Search” button.
3. When the applicant is identified, click on the applicant’s last name.

# Applicant Lookup: Existing PASRR

PASRR History									
History ID	Screening ID	PASRR #	Start Date	End Date	Went To Level II	Level II Diag. Type	isCategorical B	Certification	Delete
223932	55976	2014085135IC	03/26/2014		No		No	-	<input type="checkbox"/>
<div>Delete</div>									
Screening History									
MUST ID	Status	Screening Type	Submission Date	Completed Date	Screening Organization	Screening Name			
<a href="#">122433</a>	<a href="#">PASRR Manual Review</a>	Change in Condition Review (PASRR Only)	10/28/2010	10/28/2010	HP Enterprise Services	Helpdesk, USP			
<a href="#">122434</a>	<a href="#">PASRR Manual Review</a>	Change in Condition Review (PASRR Only)	10/08/2010	10/08/2010	HP Enterprise Services	Helpdesk, USP			
<a href="#">122415</a>	Completed	PASRR	10/08/2010	10/08/2010	HP Enterprise Services	Helpdesk, USP			

312\_100\_38\_0611

After selecting the recipient's last name, if a PASRR exists, it will be displayed under "Screening History" and/or "PASRR History."



# Screening History



# Screening History

Screening History

Screening ID	Status	Screening Type	Submission Date	Completed Date	Screener Organization	Screener Name
<a href="#">89715</a>	Saved	PASRR(PAS)			ABC Org	Fraga, Thea
<a href="#">55976</a>	Completed	Resident Review(RR)	03/26/2014	03/26/2014		Fraga, Thea
<a href="#">55968</a>	Completed	PASRR(PAS)	03/26/2014	04/25/2014		User, HelpDesk
<a href="#">48151</a>	Completed	LOC Service Level Change	11/11/2013	12/11/2013		User, HelpDesk
<a href="#">48150</a>	Completed	LOC Service Level Change	11/11/2013	11/11/2013		User, HelpDesk

Latest Notifications:

File	Created On
<a href="#">PASRR IC 55976.pdf</a>	2014-03-26 19:44:04.0

- The “Screening ID” may be selected under the “Screening History” tab to view the PASRR notification.
- Click on the arrow to the right of “Latest Notifications” to view the most current screen (PDF file).

# Screening Tab



# Screening Tab

The screenshot shows the 'Screening' tab of a web application. At the top, there's a navigation bar with tabs: Welcome, Screening (active), Tracking, Applicant Lookup, Admin, Notifications, Reports, and QA. Below this, a header section displays 'Current Organization details and User roles' with a link to 'Click here to expand/collapse'. It shows 'Select Organization: HP Enterprise Services - ORC:ED1041067487' and 'Current User: Helpdesk, USP (usphelpdesk)'. The 'Org Name' is 'HP Enterprise Services - ORC:ED1041067487' and 'Org Roles' include 'Admin, Data Analysts, Help Desk, Nurse Admins, Nurse Analysts, Screeners, Usg Administrators'. A sub-navigation bar has links: Screenings, My Inbox, PASRR Level 2 Screens, and Submit New Screen.

The main content area is divided into two sections. The first is 'Screening Filter' with a table for filtering by 'Applicant First Name' and 'Applicant Last Name'. The second is 'Screening List' with a table of screening results.

Filter By	Condition	Filter Value	Action
Applicant First Name	Equals		<input type="button" value="Add Filter"/> <input type="button" value="Clear All Filters"/>
Applicant Last Name	Equals	tester	<input type="checkbox"/> <input type="button" value="Remove Selected Filters"/>

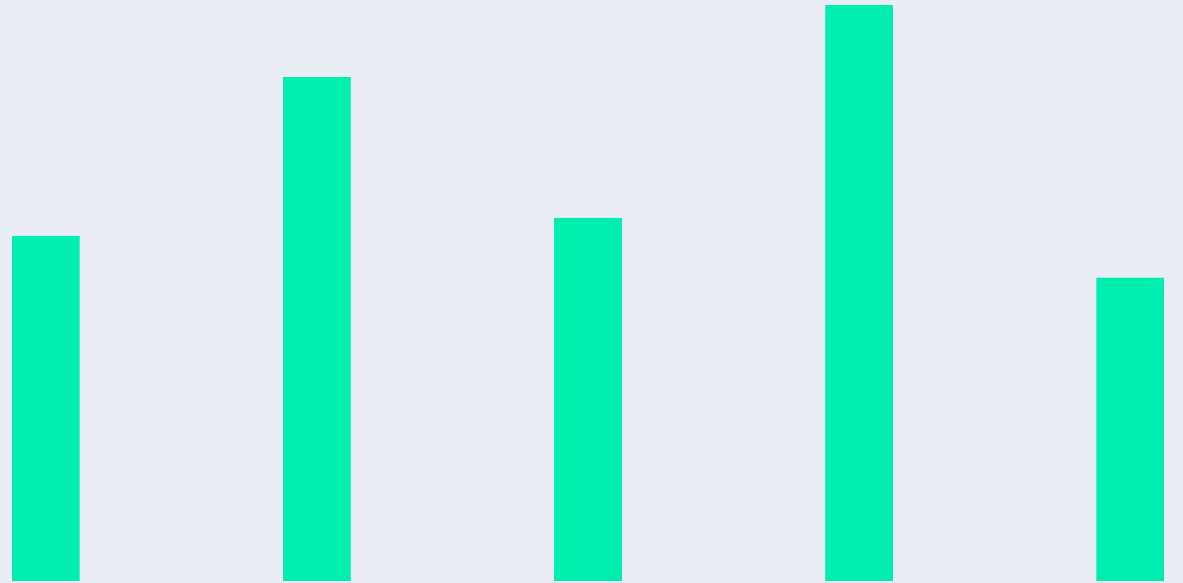
**Screening List**  
[ Show Archived Screens ]

Results Per Page: 25      Displaying: 1-7 of 7

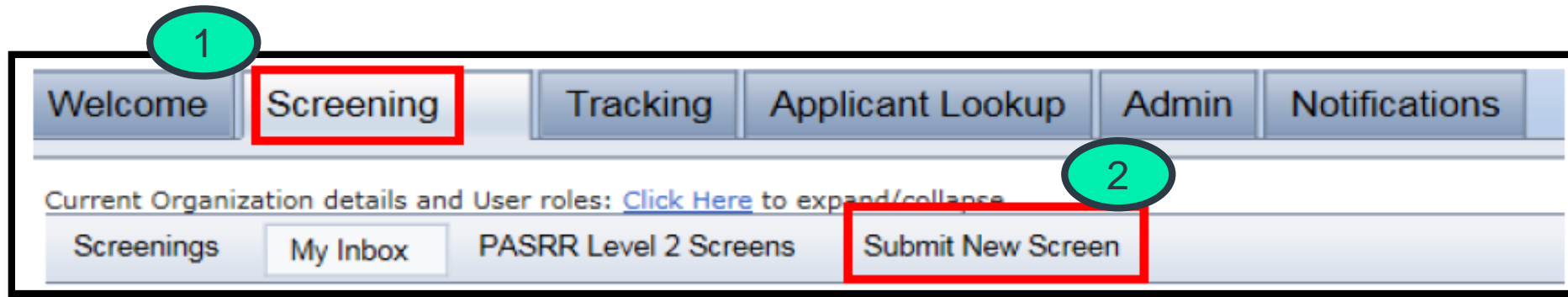
MUST ID	Applicant Name	USP ID	Status	Submission Date	Completed Date	Screeners Name
122826	tester, test 4	USP160857	Saved			Admin, Organization: [Carson-Tahoe Hospital] <a href="#">more...</a>
122821	tester, test 1	USP160854	Completed	04/20/2011	05/20/2011	Admin, Organization: [Carson-Tahoe Hospital] <a href="#">more...</a>
122822	tester, test 1	USP160854	Completed	04/19/2011		Helpdesk, USP: [HP Enterprise Services] <a href="#">more...</a>
122822	tester, test 1	USP160854	Completed	04/19/2011		Helpdesk, USP: [HP Enterprise Services] <a href="#">more...</a>

- The “Screening” tab allows users with the screening role to manage and submit PASRR screens.
- From this tab, users have access to screens that they have entered or screens that have been entered by others within their organization.

# Submit New Screen



# Submit New Screen



1. Click on the “Screening” tab.
2. Click on the “Submit New Screen” tab.

Note: PASRR requests are to be submitted **and** completed prior to Skilled Nursing Facility (SNF) admission or if the SNF resident’s condition changes if submitted as Resident Review.

# Submit New Screen, continued

The screenshot shows a web application interface for submitting a new screen. At the top, there are navigation tabs: 'Screenings', 'My Inbox', 'PASRR Level 2 Screens', and 'Submit New Screen'. The 'Submit New Screen' tab is active, and a button with the same text is below it. The form is divided into three steps:

- Step 1. Verify Your Contact Information**: Includes fields for 'Screener Name:', 'Organization:', 'Organization Id:', 'Address:', 'Telephone:', 'Fax:', and 'Email:'.
- Step 2. Enter Applicant Information**: Includes fields for 'Last Name:', 'First Name:', 'Middle Name:', 'SSN (999999999):', 'NVP ID:', 'Date of Birth (mm/dd/yyyy):', a 'Check box if recipient is Medicaid eligible' (labeled with a circled 'A'), and a 'Medicaid ID:' field (labeled with a circled 'B').
- Step 3. Enter Screening Type**: Includes a 'Screening Type:' dropdown menu (labeled with a circled '5') and a 'Continue' button (labeled with a circled '6').

Below the 'Screening Type' dropdown, there is a note: 'Select appropriate Screening Type based on the screening to be created. The screening Type can NOT be changed after you start filling the form.'

3. Verify your contact information.

4. Enter applicant information:

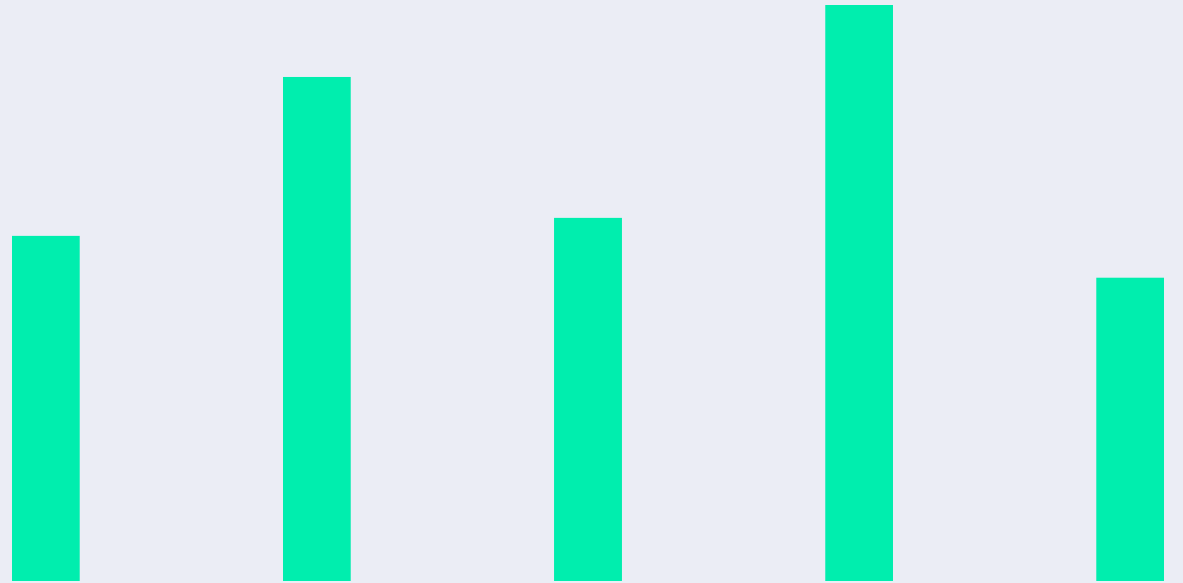
- Last Name
- First Name
- SSN (Social Security Number)
- DOB (Date of Birth)
- If Medicaid eligible:
  - A. Click the box next to “Check box if recipient is Medicaid eligible”
  - B. Enter 11-digit Medicaid ID.

5. Select “Screening Type”:

- Select “PASRR (PAS)” if initial PASRR request.
- Select “Resident Review (RR)” if PASRR exists, but there has been a change in condition (r/t MI, ID/RC or Dementia).

6. After steps 1-3 are completed user will click “Continue”

# Error Alert for Existing Applicant





# Error Alert for Existing Applicant

**Submit New Screen**

**Validation Messages/Errors:**

- The information entered does not match our records. Please check that your SSN, Name, Date Of Birth, USP ID, MedicaidId match. Also verify that you have entered the name and date of birth accurately

**Step 1. Verify Your Contact Information**

<b>Screener Name:</b>	<b>Organization:</b>	<b>Organization Id:</b>	
Fraga, Thea	HP Enterprise Services	HP11111111	
<b>Address:</b>	<b>Telephone:</b>	<b>Fax:</b>	<b>Email:</b>
2610 wycliff Rd Raleigh NC 27601	919-816-4303		thea.fraga@hp.com

☒ Submit this Screen On-Behalf

Selecting this option box allows you to enter Contact details of the person on-behalf of whom you are entering this screen.

**Step 2. Enter Applicant Information**

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>SSN (999999999):</b>	<b>NVP ID:</b>	<b>Date of Birth (mm/dd/yyyy):</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Check box if recipient is Medicaid eligible</b>	<input type="checkbox"/>	
<b>Medicaid ID:</b>	<input type="text"/>	

The error alert for an existing applicant displays at the top of the screen.

# PASRR Page 1



# PASRR Page 1: Applicant Information

**1**

**Applicant Information**

**Applicant Information 1**

User Name: Testing First Name: Test Middle Name:

**Recipient's Permanent Mailing Address 2**

Street Address:

City: State: Nevada Zip Code:

**Recipient's Current Location (Physical Address) 3**

Physical Address Location Type:

☐ Same as Screener Organization Address  
☐ Same as Permanent Mailing Address  
☐ Other (Enter New Address)

Enter Physical Location:

**Personal Details 2**

Basic Personal Information: Name of Child (Last, First, Middle): Recipient's Home or Cell Phone Number: 999-999-9999 Gender: ☐ Select One ☒ Female ☐ Male Marital Status: -- Select --

Other Insurance Name and Number: Medicaid ID Number: Medicaid Status: -- Select -- Medicaid County of Residence: -- Select --

Is Applicant's Primary Language English? ☐ Yes ☒ No If No, What is their Primary Spoken Language? -- Select -- Is Interpreter Needed? ☐ Yes ☒ No

Applicant's Preferred Setting of Care: -- Select -- Who has Legal Responsibility for this Applicant?: -- Select --

1. Enter Applicant Information:
  - A. Enter recipient's permanent mailing address.
  - B. Select current location.
  - C. Select gender.
  - D. Select marital status.
2. If Medicaid ID was not entered in Step 2 of the "Submit New Screen" process, and recipient is currently eligible:
  - A. Enter 11-digit Medicaid ID.
  - B. Select Medicaid status.
  - C. Select county of residence.

# PASRR Page 1, continued

Is Applicant's Primary Language English? <input type="radio"/> Yes <input checked="" type="radio"/> No <b>3</b>	If No, What is their Primary Spoken Language? -- Select --	Is Interpreter Needed? <input type="radio"/> Yes <input type="radio"/> No
Applicant's Preferred Setting of Care -- Select --	Who has Legal Responsibility for this Applicant? -- Select --	
Who has Legal Responsibility for this Applicant? <b>4</b> Self		
Who has Legal Responsibility for this Applicant? Legally Responsible Person		
<b>Responsible Party Information (Required if recipient has indicators of MI/MR/RC) 2</b>		
Name <input type="text"/>		
Street Address <input type="text"/>		
City <input type="text"/>	State -- Select --	Zip Code <input type="text"/>
Home Phone or Cell Phone Number 999-999-9999 <input type="text"/>	Work Phone Number 999-999-9999 <input type="text"/>	

3. **Select Yes or No if applicant's primary language is English.**
  - a. If Yes, proceed to the next question.
  - b. If No, select Primary Language Spoken and select whether an interpreter is needed (Yes or No).
4. **Who is legally responsible for the applicant?**
  - a. If self, proceed to the next question.
  - b. If Legally Responsible Party:
    - Complete the Responsible Party Information.
    - Required if there are indicators of MI, ID/RC.

# PASRR Page 1, continued

5

Other Contact Person ?			
Type of Contact -- Select --		Name	
<input type="text"/>		<input type="text"/>	
Street Address <input type="text"/>			
City <input type="text"/>	State Nevada	Zip Code <input type="text"/>	
Home Phone or Cell Phone Number 999-999-9999 <input type="text"/>		Work Phone Number 999-999-9999 <input type="text"/>	

6

Attending/ Primary Physician ?			
Physician Name <input type="text"/>	Telephone Number 999-999-9999 <input type="text"/>	Physician Fax <input type="text"/>	Physicians NPI <input type="text"/>
Street Address <input type="text"/>		Mailing Address (if different from street address) <input type="text"/>	
City <input type="text"/>	State Nevada	Zip Code <input type="text"/>	
Internal Use only			
Screening ID: 89715		1 2 3 4 next >>	
		Save Validate Submit Delete	

- 5. Other Contact Person:
  - a. Complete if there are indicators of MI/ID/RC.
- 6. Attending/Primary Physician:
  - a. Complete if there are indicators of MI/ID/RC.

Note I: User may select either “2” or “Next” to proceed to next page.

Note II: User may click “Save” button to save information that has been entered.

# PASRR Page 2



# PASRR Page 2

Physical Health Diagnoses ?	
Substance Abuse ?	
Has History of, or Currently has a Substance Abuse Problem	Date of Last Use (mm/dd/yyyy)
<input type="radio"/> Yes	
<input type="radio"/> No	
Severe Physical Illness ?	
Is there a severe physical illness?	Severe Physical Illness Diagnoses
<input type="radio"/> Yes	<input type="checkbox"/> Amyotrophic Lateral Sclerosis (ALS)
<input type="radio"/> No	<input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD)
	<input type="checkbox"/> Coma
	<input type="checkbox"/> Congestive Heart Failure (CHF)
	<input type="checkbox"/> Huntingtons Disease
	<input type="checkbox"/> Parkinson
	<input type="checkbox"/> Ventilator Dependence (Functioning at a Brain Stem Level)
	<input type="checkbox"/> Other

1. Has History of Or Currently Has a Substance Abuse Problem.
  - a. If No, proceed to next question.
  - b. If Yes, enter date of last use.
2. Is there a Severe Physical Illness?
  - a. If No, proceed to next question.
  - b. If Yes, select applicable diagnosis from list.

# PASRR Page 2, continued

Terminal Illness <span>3</span>	
Terminal Illness - (where physician has certified life expectancy of 6 months or less) <input type="radio"/> Yes <input type="radio"/> No	Has Doctor Certified a Terminal Prognosis? <input type="radio"/> Yes <input type="radio"/> No
Name of Physician <input type="text"/>	Date of Physician Certification (mm/dd/yyyy) <input type="text"/>

3. Is there a Terminal Illness (Where Physician Has Certified Life Expectancy of 6 Months or Less)?
  - a. If No, proceed to next question.
  - b. If Yes, Has Doctor Certified a Terminal Prognosis (select Yes or No)?
    - i. If Yes, enter name of physician.
    - ii. Enter date of physician certification.



# PASRR Page 2, continued

Cognitive Impairment 4		
Is there a Cognitive Impairment Diagnosis? <input type="radio"/> Yes <input checked="" type="radio"/> No		
Cognitive Impairment Diagnoses <b>Alzheimer's Disease</b> <b>Creutzfeldt-Jakob Disease</b> <b>Dementia</b> <b>Frontotemporal Dementia</b> <b>Lewy Body Dementia</b> <b>Multi-infarct Dementia</b> <b>Pre-Senile Dementia</b> <b>Other</b>	If Other Cognitive Impairment Diagnosis, Specify	Is Dementia the Primary Diagnosis ? <input type="radio"/> Yes <input type="radio"/> No

4. Is there a Cognitive Impairment Diagnosis?
  - a. If No, proceed to next question.
  - b. If Yes, select appropriate diagnosis from list and indicate whether Dementia is the Primary Diagnosis (Select Yes or No).

# PASRR Page 2, continued

**Current Medications ?**

Medications ? 5

How many to add? 1 Add Medications

Medications ?

Medication Name (Some OTC medications may not be available in the dropdown)

Type of Medication -- Select -- 6

If this is a Psychiatric Medication and there is no Mental Health Diagnosis, Identify Purpose for this Medication

Screening ID: 89715

<< prev 1 2 3 4 next >>

Save Validate Submit Delete

**Note:** Complete this section only if psychiatric medications are being administered.

5. Type medication in “Medication Name” box.

6. Select Type of Medication

- OTC

- Formulary

- a. To enter additional medications, indicate how many to add and click ‘Add Medications’ button.

**Note:** Additional fields for entry will be added by the system.

7. Once section is completed, select either “3” or “Next” to proceed to the next page.

# PASRR Page 3



# PASRR Page 3

Mental Health <span style="background-color: #00ffcc; border-radius: 50%; padding: 2px 5px;">1</span>		
Mental Health (MH) Diagnoses		
Is there an MH Diagnosis? <input type="radio"/> Yes <input checked="" type="radio"/> No	Disorders/Diagnoses Severe Anxiety/Panic Disorder Bipolar Disorder Delusional Disorder Eating Disorder Major Depression Personality Disorder Psychotic Disorder Schizoaffective Disorder Schizophrenia Somatoform Disorder Other	If Other MH Diagnosis, Specify

## 1. Is there a Mental Health (MH) Diagnosis?

- a. If No, proceed to next question.
- b. If Yes, select appropriate diagnosis from list.
  - i. If applicant has depression (not major) and is stable on medications, select "Other" from diagnosis list.
  - ii. If the disorder or diagnosis is not listed, choose "Other" and enter a diagnosis in the "If Other MH Diagnosis, Specify" column.

# PASRR Page 3, continued

Mental Retardation (MR) Diagnosis 2			
Is there an MR Diagnosis? <input type="radio"/> Yes <input checked="" type="radio"/> No	If MR Diagnosis is Present/Suspected, Indicate the Severity Level	Age at Onset (years)	Are MR Services Being Provided? <input type="radio"/> Yes <input type="radio"/> No

2. Is there an Intellectual Disability Diagnosis or Suspicion of ID?

- a. If No, proceed to next question.
- b. If Yes, indicate Severity Level, Age at Onset, and if ID (MR) Services are being provided (Yes or No).

**Note:** If there is an ID diagnosis, PASRR will come to manual review status and it will trigger a request for records.

# PASRR Page 3, continued

Conditions Related to Mental Retardation (RC) Diagnoses 3		
Is there a RC Diagnosis? <input type="radio"/> Yes <input checked="" type="radio"/> No		
Select All RC Diagnoses Autism Blindness Cerebral Palsy Closed Head Injury Deafness Epilepsy(Seizure Disorder) Other	If Other RC Diagnoses, Specify	Did the Condition Manifest Prior to Age 22? <input type="radio"/> Yes <input type="radio"/> No

3. Is there a Related Condition (RC) Diagnosis?
- a. If No, proceed to next question.
  - b. If Yes, select appropriate diagnosis from list and indicate whether condition manifested prior to age 22 (Yes or No).

**Related Condition Defined:**

- A condition found to be closely related to ID because it results in impairment of intellectual functioning or adaptive behavior similar to that of a person with ID and requires services similar to those required by ID individuals.
- Manifested prior to age 22.
- Must be expected to continue indefinitely.
- Results in substantial functional limitations in 3 or more major life activities: Self-Care, Understanding/Use of Language, Learning, Mobility, Self-Direction or Capacity for Independent Living.

# PASRR Page 3, continued

Mental Health Behavioral Profile <a href="#">?</a>	
<b>4</b>	
<b>Concentration/Task Limitations within the Past 6 Months</b> <input type="checkbox"/> <b>Serious difficulty completing age related tasks</b> <input type="checkbox"/> <b>Serious loss of interest in things</b> <input type="checkbox"/> <b>Serious difficulty maintaining concentration/attention</b> <input type="checkbox"/> <b>Numerous errors in completing tasks which she/he should be physically capable</b> <input type="checkbox"/> <b>Requires assistance with tasks for which she/he should be physically capable of accomplishing</b> <input type="checkbox"/> <b>Other</b>	<b>Other Concentration Task Limitations</b> <div></div>
<b>Adaptation Problems/Changes within the past 6 months</b> <input type="checkbox"/> <b>Requires mental health intervention due to increased symptoms</b> <input type="checkbox"/> <b>Requires judicial intervention due to symptoms</b> <input type="checkbox"/> <b>Symptoms have increased as a result of adaptation difficulties</b> <input type="checkbox"/> <b>Serious agitation or withdrawal due to adaptation difficulties</b> <input type="checkbox"/> <b>Other</b>	<b>Adapting To Changes Other</b> <div></div>

**Note:** Please do not complete if behaviors are related to a medical condition.

4. Select Applicable Task Limitations/ Adaptation Problems.
  - Must have occurred within past 6 months.

# PASRR Page 3, continued

The screenshot shows the 'Mental Health Treatments' section of the PASRR Page 3. At the top, there is a header bar with 'Mental Health Treatments ?' on the left and 'How many to add? 1' with a dropdown arrow on the right. Below this, there is a red box containing the text 'Add Mental Health Treatments'. Below the header bar, there is a section titled 'Mental Health Treatments ?' with a green circle containing the number 5 next to it. Below this, there is a dropdown menu labeled 'Treatments Received within the Past 2 Years' with the text 'Inpatient Psychiatric Hospital' selected. To the right of the dropdown menu, there is a field labeled 'Date Treatment was Received (mm/dd/yyyy)' with a green circle containing the number 6 next to it. Below the date field, there is a calendar icon.

5. Select the appropriate treatment (received within past 2 years):

- Inpatient Psychiatric Hospitalization
- Partial Hospitalization/Day Treatment
- Outpatient Treatment
- None

6. Enter the date the treatment was received.

**Note I:** All inpatient psychiatric hospitalizations within past 2 years must be indicated – not just current admission.

**Note II:** Use “Add Mental Health Treatments” to add additional fields for entry if needed.



# PASRR Page 3, continued

Mental Illness Interventions		Add Additional Intervention
7 Interventions to Prevent Hospitalization	Intervention Treatment Date (MM/DD/YYYY)	8 Delete
If Other MI Intervention, Specify		

7. Select the appropriate Mental Illness interventions (received within past 2 years):

- Supportive Living
- Housing Intervention
- Other
- None
- Unknown

8. Enter Intervention Treatment Date.

**Note I:** For L2K (Legal 2000/Legal Hold/Involuntary Admission, or etc.): Select “Other” and then enter comment in box “If other MI Intervention, specify.”

**Note II:** May select “Add Additional Intervention” to add additional fields for entry.

# PASRR Page 3, continued

8		
Cognitive Status ?		
Orientation ?		
Oriented to Time	Oriented to Person	Oriented to Place
<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No

8. Orientation questions must be answered Yes or No.

# PASRR Page 3, continued

Mood and Behavior 2				
<input type="checkbox"/> Wandering		<input type="checkbox"/> Physically Abusive		<input type="checkbox"/> Resists Care
<input type="checkbox"/> Socially Inappropriate/Disruptive Behavioral Symptoms		<input type="checkbox"/> Verbally Expressions of Distress		
<input type="checkbox"/> Self Deprecation	<input type="checkbox"/> Unrealistic Fears	<input type="checkbox"/> Anxious Non-Health Complaints/Concerns	<input type="checkbox"/> Persistent Anger	
<input type="checkbox"/> Repetitive Verbalizations	<input type="checkbox"/> Negative Statements	<input type="checkbox"/> Sad, pained worried facial expressions	<input type="checkbox"/> Crying/Tearfulness	
<input type="checkbox"/> Unpleasant Mood in Morning	<input type="checkbox"/> Insomnia/Disturbed Sleep Patterns	<input type="checkbox"/> Reduced Social Interaction/Isolation	<input type="checkbox"/> Repetitive Physical Movements	<input type="checkbox"/> Withdrawal From Activities of Interest
Interpersonal Functioning 2				
<input type="checkbox"/> Combative		<input type="checkbox"/> Dangerous to Self, Others, or Property?		<input type="checkbox"/> Altercations
<input type="checkbox"/> Evictions Due To Socially Inappropriate Behavior		<input type="checkbox"/> Fear of Strangers		<input type="checkbox"/> Illogical Comments
<input type="checkbox"/> Suicide Attempts/Ideation		<input type="checkbox"/> Social Isolation		<input type="checkbox"/> Excessive Irritability
<input type="checkbox"/> Hallucinations		<input type="checkbox"/> Paranoid Ideation		<input type="checkbox"/> Homicidal
<input type="checkbox"/> Anxious		Other Conditions <input type="text"/>		

**Note:** Do not complete if behaviors are related to medical condition.

- Both sections must be completed if there are indicators of MI or if applicable.
- Must have occurred within the past 6 months.

# PASRR Page 3, continued

9

Categoricals	
Is this a Request for a Short Term Nursing Facility Stay? <input checked="" type="radio"/> Yes <input type="radio"/> No	If Yes Then Indicate the Duration of the Nursing Facility Stay <a href="#">Convalescent Care - 45 Days</a>
<input type="checkbox"/> Recipient was directly admitted to a Nursing Facility after receiving acute inpatient care in a hospital	
<input type="checkbox"/> Recipient requires Nursing Facility services for the condition for which the recipient received care in the hospital	
<input type="checkbox"/> Attending physician has certified prior to NF admission that the recipient will require less than 30 days of NF services	Name of the certifying Physician

9. If request is for short term Nursing Facility stay, indicate the duration:
- 45 days
  - 30 days
  - 7 days

**Note:** Only mark Yes if applicable and the individual has indicators of MI/ID/RC.

# PASRR Page 4



# PASRR Page 4

Communication ?	
Makes Self Understood	Understand/Use of Language
-- Select --	<input type="checkbox"/> Uses Language/Speaks With No Difficulty
	<input type="checkbox"/> Incomprehensible sounds
	<input type="checkbox"/> Gestures
	<input type="checkbox"/> Writing
	<input type="checkbox"/> Assistive Devices
	<input type="checkbox"/> Sign Language
	<input type="checkbox"/> Does Not Understand/Use Language
	<input type="checkbox"/> Understands Language But Does Not Use
	<input type="checkbox"/> Speaks with Difficulty

1. Select from the list under “Makes Self Understood”:
  - Understood
  - Usually Understood
  - Sometimes Understood
  - Rarely Understood
2. Select appropriate choice from “Understand/Use of Language.”

# PASRR Page 4, continued

Functional Limitations 3	
Does the applicant have any functional limitations? <input type="radio"/> Yes <input checked="" type="radio"/> No	Select All That Apply Incapable of Self-Care Incapable of Self-Direction Immobile Incapable of Independent Living Incapable of Learning

**Note:** Complete only if the limitations are due to MI, ID/RC.

- 3. Does the applicant have functional limitations?
  - a. If No, proceed to next question.
  - b. If Yes, select all that apply.

# PASRR Page 4, continued

4

**Screener Certification ?**

Who supplied the information entered on this form?

- ☐ **Applicant**
- ☐ **Family Member**
- ☐ **Friend**
- ☐ **Medical Record**
- ☐ **Doctor**
- ☐ **Nurse**
- ☐ **Case Manager**
- ☐ **Social Worker**
- ☐ **Other**

5

☐ **By checking this box I certify that the individual being screened or their appropriate family member or guardian has been informed that Nursing Facility placement is being considered.**

**I understand falsification as: an individual who certifies a material and false statement in this screening will be subject to investigation for Medicaid fraud and will be referred to the appropriate state agency for investigation.**

---

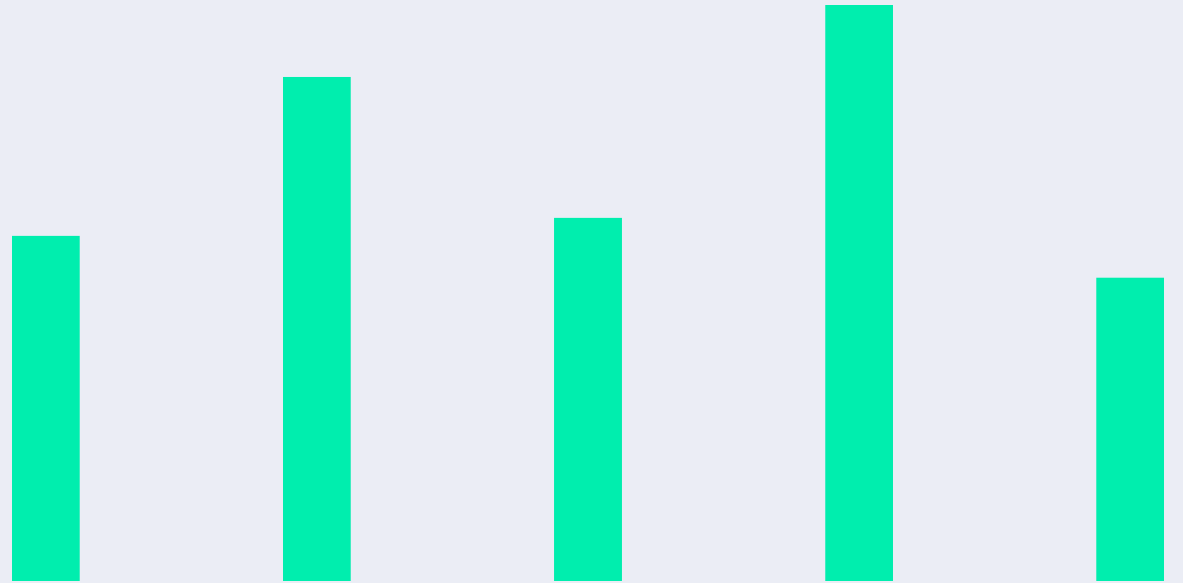
☐ **By checking this box I certify that I have completed the above screening of the applicant to the best of my knowledge.**

**I understand falsification as: an individual who certifies a material and false statement in this screening will be subject to investigation for Medicaid fraud and will be referred to the appropriate state agency for investigation**

4. Select appropriate box under “Screener Certification.”
5. Check both certification boxes.
6. After all sections are completed on this page, user may select the “Save” “Validate” “Submit” or “Delete” button.



# Validate / Delete Functions



# Validate / Delete Functions

Fix the following errors and click Submit to submit your form:

Page Number	Error	Section
<u>1</u>	<u>Street Address is required.</u>	<u>Recipient's Permanent Mailing Address</u>
<u>1</u>	<u>City is required.</u>	<u>Recipient's Permanent Mailing Address</u>
<u>1</u>	<u>Zip Code is required.</u>	<u>Recipient's Permanent Mailing Address</u>
<u>1</u>	<u>Physical Address Location Type is required.</u>	<u>Recipient's Current Location (Physical Address)</u>
<u>1</u>	<u>Marital Status is required.</u>	<u>Personal Details</u>
<u>1</u>	<u>Medicaid Status is required.</u>	<u>Personal Details</u>
<u>1</u>	<u>Medicaid County Of Residence is required.</u>	<u>Personal Details</u>

ning ID: 89715      << prev **1** **2** **3** **4** next >>      Save Validate Submit Delete

- The “Validate” button displays errors on the form that need to be corrected before the system will allow the form to be submitted.
- The “Delete” button may be selected by the user prior to screen submission.
- The “Submit” button may be selected by the user in order to submit PASRR screen.


# Screen Submitted



# Screen Submitted – Completed

Screening has been submitted and your Screening ID for reference is

Screening ID	Current status of your Screening	PASRR #	Description
	Completed		An email should have arrived in your inbox explaining Screening Disposition. You may view the screening notification by clicking on Notifications tab

Print... Ctrl+P

## While you wait, did you know...

Depending on the information available in your screening form, your screening could be:

- Completed - an email notification sent with this Disposition. Look in Notifications tab for screening notifications
- Referred to Level II for PASRR screenings
- Referred to Manual Review - needs a Nurse's attention
- Referred to the provider - need additional documentation

These statuses are shown in the screenings list towards your screening.

The display above shows the screen completion confirmation.

# Screen Submitted – Manual Review

The screenshot shows a web application interface. The top section is titled 'Screening List' and contains a table with columns: MUST ID, Applicant Name, USP ID, Status, Submission Date, Completed Date, and Screener Name. The table displays four rows of data. The first row has a red background and a red 'MUST ID' (122856). The second row has a green background and a green 'MUST ID' (122853). The third and fourth rows have green backgrounds and green 'MUST IDs' (122852 and 122852). The bottom section is titled 'Workflow Task' and contains a box labeled 'Additional Information Required:'. This box contains text about reviewing messages and attaching files, followed by a 'Message Text:' label and a large text input area with a '250 characters limit' note. A 'Submit' button is at the bottom of the input area.

MUST ID	Applicant Name	USP ID	Status	Submission Date	Completed Date	Screener Name
122856	tester, test 4	USP160837	Saved			Admin, Organization (Carson-Tahoe Hospital)
122853	tester, test 1	USP160854	Completed	04/20/2011	05/20/2011	Admin, Organization (Carson-Tahoe Hospital)
122852	tester, test 1	USP160854	Completed	04/19/2011		Helpdesk, USP (HP Enterprise Services)
122852	tester, test 1	USP160854	Completed	04/19/2011		Helpdesk, USP (HP Enterprise Services)

**Workflow Task:**

**Additional Information Required:**

Additional Information is required. Please review the messages in the [Messages](#) section of this page to see what action is required. If you need to attach a file, please use the "Add Attachment" section on this page. **IMPORTANT:** [Attachments](#) must be added before submitting your reply.

Message Text:

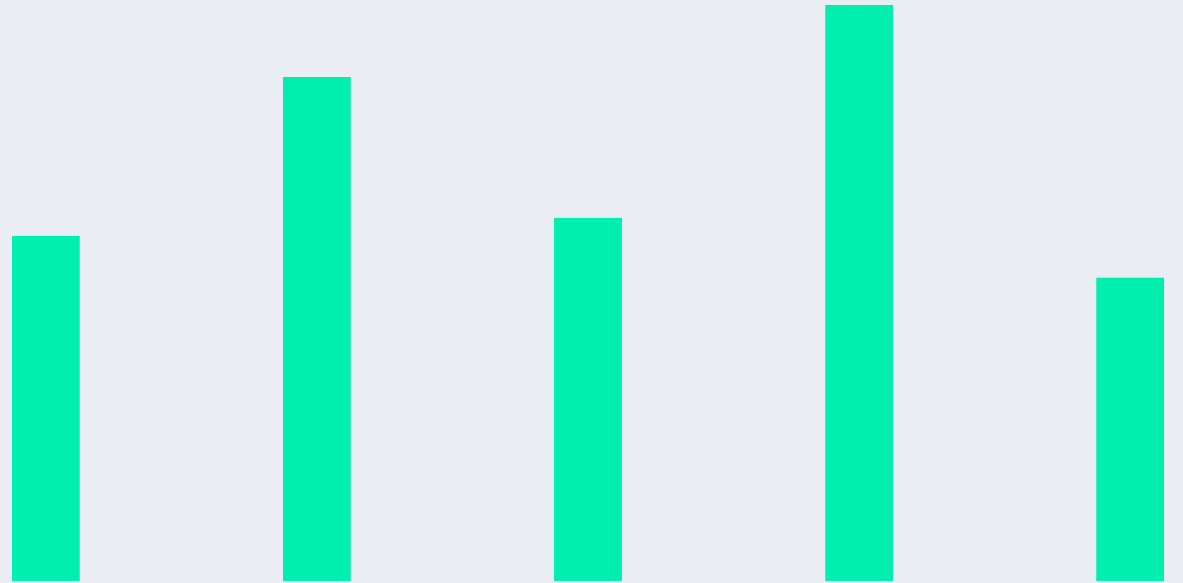
250 characters limit

Submit

If a screen goes to manual review:

- The user may access the screen by selecting “Screening List” located under the “Screening” tab.
- Select appropriate Screening ID number that is underlined on the left-hand side of the screen.
- In the “Additional Information Required” box, respond to the Nevada Medicaid clinical reviewer note and select “Submit” in order to submit screen back to manual review status.
- Provider will be prompted with additional communication if additional information is required.

# PASRR Turnaround Time



# PASRR Turnaround Time

## **Level I:**

- The Level I determination date is based on the date of receipt of completed request, which includes requested records.
- Acute Facility – 1 business day
- Non-Acute Facility – 3 business days

## **Level II:**

- The Level II referral date is based on the date of receipt of completed request and required/requested records.
- The Date of Referral for Level II evaluation is considered a “0” day.
- The turnaround time is 7 business days from date of referral to complete the Level II.

# Notifications Tab





# Notification Tab

The screenshot shows the 'Notifications' tab in the PASRR system. At the top, there's a navigation bar with tabs: Welcome, Screening, Tracking, Applicant Lookup, Admin, Notifications (selected), Reports, QA, and Third Party. Below the navigation bar, there's a section for 'Current Organization details and User roles' with a link to 'Click Here to expand/collapse'. The main content area is titled 'Notification Filter' and contains a table with columns: Filter By, Condition, Filter Value, and Action. The 'Filter By' column has a dropdown menu with 'Log ID' selected. The 'Condition' column has a dropdown menu with 'Equals' selected. The 'Filter Value' column is empty. There is an 'Add Filter' button. Below the filter section, there's a 'Notification List' section with a link to '[ Show Archived Notifications ]'. The list shows two notifications. The first notification has Log ID 11552, PASRR ID 122885, and is a 'PASRR Level II Referral Notification'. The second notification has Log ID 11552, PASRR ID 122885, and is a 'PASRR Level II Referral Notification'. The table has columns: Log ID, PASRR ID, Applicant Name, Notification Name, PDF File, Date Created, Date Sent, Receiver, Method, Address, and Screener Name. The 'Results Per Page' is set to 25, and it shows 'Displaying: 1-25 of 27'.

Log ID	PASRR ID	Applicant Name	Notification Name	PDF File	Date Created	Date Sent	Receiver	Method	Address	Screener Name
11552	122885		PASRR Level II Referral Notification	<a href="#">PASRR_L2_Referral_122885.pdf</a>	05/27/2011 17:51	05/27/2011 17:51	Screener	Email		
11552	122885		PASRR Level II Referral Notification	<a href="#">PASRR_L2_Referral_122885.pdf</a>	05/27/2011 17:51		Applicant or Legal Guardian	Regular Mail		

- The PASRR System generates notification letters based on the outcome of the screening.
- The user has the option to print the notification letter and provide a copy of the letter to the applicant and/or responsible person at the time of the screening.

# PASRR Level I Determinations



# PASRR Level I Determinations

## **IC:**

- Okay to admit to NF
- No MI, ID, RC or Dementia

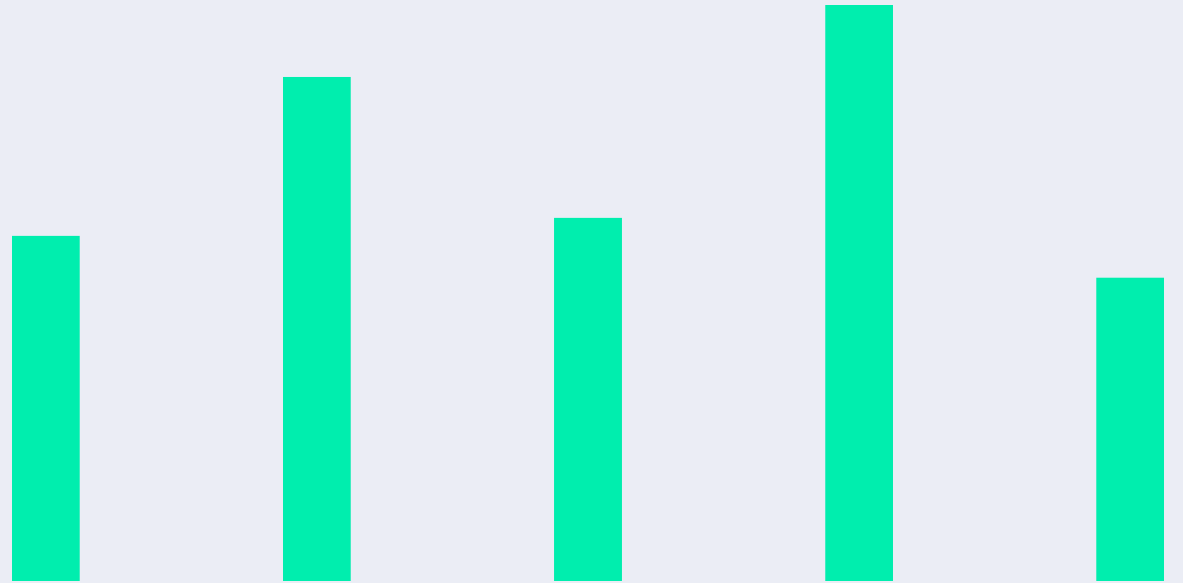
## **IB:**

- Okay to admit to NF
- Dementia Alzheimer OBS

## **IA:**

- Do not admit to NF until Level II has been completed.

# PASRR Level II Determinations



# PASRR Level II Determinations

## **IA:**

- Do not admit to NF until Level II has been completed.

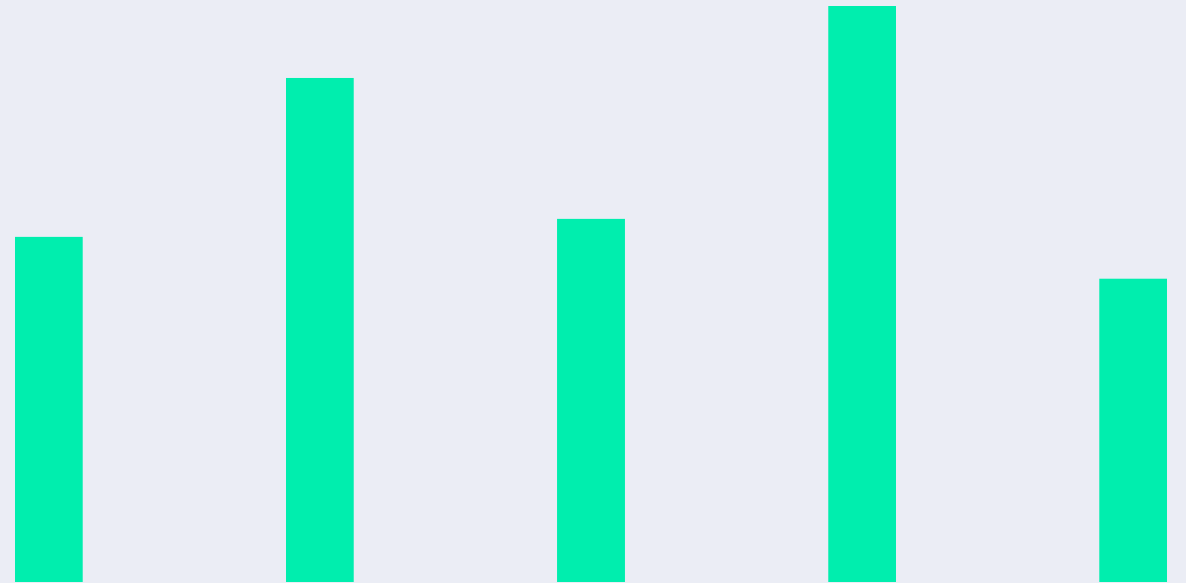
## **IIA:**

- Do not admit to NF.
- Contact Department of Public Behavioral Health (DPBH), Aging and Disability Services Division (ADSD), and/or Medicaid Staff to assist in arranging for alternative placement.

## **IIB:**

- Okay to admit to NF if facility is able to provide or arrange for the Specialized Services being recommended.
- NF must notify DPBH if PASRR IIB for MI.
- NF must notify ADSD if PASRR IIB for ID/RC.

# Categorical Determinations



# Categorical Determinations

## **IIE – 45:**

- Expires 45 days from date of determination.

## **IIE – 30:**

- Expires 30 days from date of determination.

## **IIE-7:**

- Expires 7 days from date of determination.

## **IIG:**

- Severe Physical Illness - The individual has a severe physical illness/condition which results in a level of impairment so severe that the individual could not be expected to benefit from specialized services.

## **IIF:**

- The individual is terminally ill and has a physician's certification of a life expectancy of 6 months or less.

# Categorical Determinations, continued

<b>Date of Request:</b>	10/22/2015
<b>Determination Date:</b>	10/23/2015

<b><u>Determination:</u></b>
<b>IIE - Time Limited-Expires 45 days from the date of this determination.</b>
This is a time-limited determination. Client may be admitted into a nursing facility. This determination expires within 45 days of the date of this determination. If it appears this recipient will remain in your facility past the 45 days, you must contact HPES to request and receive a new PASRR Level I Identification Screening prior to the expiration date.

Note I: The PASRR start and end dates may be viewed under the “PASRR History” field when performing an applicant search.

Note II: If it appears the recipient will remain in the NF past the end date of the PASRR, a new PASRR Level I should be requested at least 10 business days prior to the end of the time limit.

Start Date	End Date
10/23/2015	12/07/2015



# Level Of Care (LOC)

## Screening Tool for PASRR Users



# What Is LOC?

## Level of Care (LOC) Screening:

- The LOC assessment also assesses individuals for the possibility of qualifying for other less restrictive services, which may be community-based, or to qualify for waiver services.
- NF must request a new LOC determination when it appears the resident no longer meets Nursing Facility standard LOC.
- There is a determination that is required for Nevada Medicaid recipients who are admitted to a NF.
- If someone who is admitted to a NF becomes approved for Medicaid after they are admitted, an LOC determination is required before the nursing home can bill Nevada Medicaid.
- Must be completed prior to obtaining authorizations for reimbursement.
- 4 LOC Categories and 4 Service Levels.

# What is the LOC Screening Tool?

- LOC and PASRR in one online system.
- Simplifies access for providers.
- Notifications available online in the LOC/PASRR system.
- NF must request a new LOC determination when it appears the resident no longer meets an NF standard LOC.

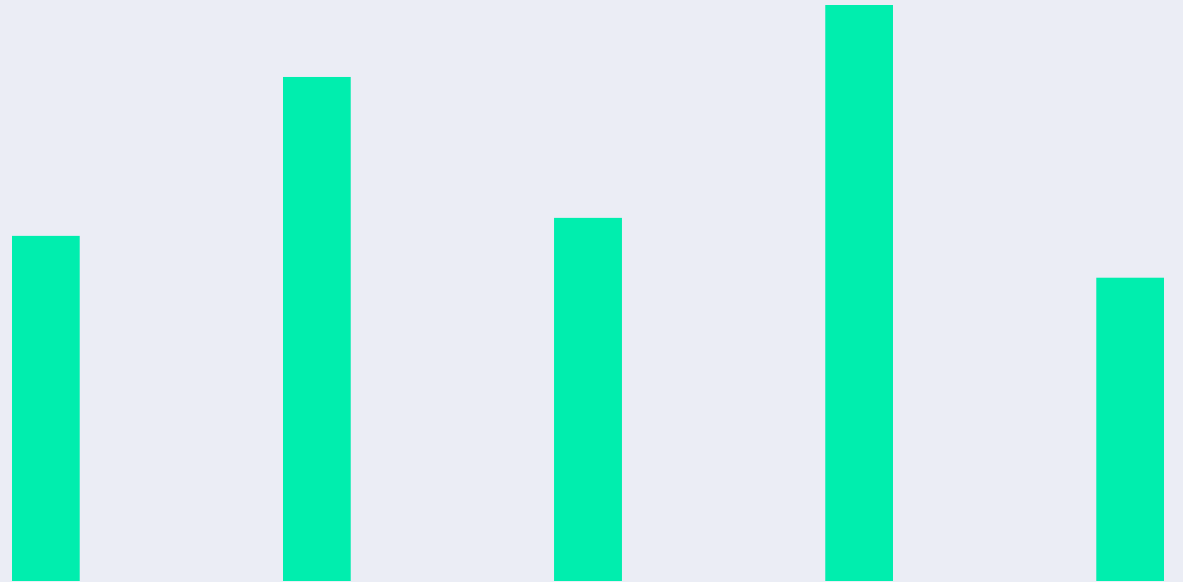
# The Screening Tool Process

- Provider submits an LOC request in the same manner as the PASRR (Pre-Admission Screening Resident Review).
- LOC should be submitted **and** completed prior to the SNF submission or if a change in clinical status, if already in a SNF (Example: patient is put on or removed from a ventilator).
- Data is processed by the business and workflow rules engine.
- System will automatically determine the proper flow for the request and move the task into the appropriate queue for processing.

# The Screening Tool Process

- Real-time or near real-time determination is rendered via auto adjudication process.
- Each request will be executed by an automated task or human centric determination if required.
- Tool generates appropriate determination letters.

# Applicant Lookup



# Applicant Lookup

Once you have entered the system:

- Click on Applicant Lookup to determine if the recipient is already in the system.
- Enter the search criteria.
- When recipient is identified, click on applicant's last name.

The screenshot shows the PASRR Applicant Lookup interface. A blue arrow points to the 'Applicant Lookup' tab in the top navigation bar. Below the navigation bar, there are links for 'Current Organization details and User roles: [Click Here](#) to expand/collapse'. The main section is titled 'Enter your search criteria:' and contains several input fields: 'Name (Last, First)\*', 'SSN\*\* (999999999)', 'Date of Birth (mm/dd/yyyy)', 'Screening ID (99999999)', 'Medicaid ID', 'PASRR Number', and 'NVP ID (999999)'. A blue arrow points to the 'Date of Birth' field. Below these fields are 'Search' and 'Clear' buttons. A note states: 'Your search criteria must contain a combination of 3 unique values or the Screening ID along with one other value. \* The first and last name count as one value. \*\* If Applicant/Patient doesn't have an SSN, check 'Undocumented Resident'.' The bottom section is titled 'Select an Applicant' and contains a table with columns: 'NVP ID', 'Last Name', 'First Name', 'Middle Name', 'Date Of Birth', 'Gender', 'SSN', and 'Medicaid ID'. A blue arrow points to the 'Last Name' column. The table has one row with the following data: NVP ID: 166675, Last Name: [redacted], First Name: [redacted], Middle Name: [redacted], Date Of Birth: [redacted], Gender: [redacted], SSN: [redacted], Medicaid ID: [redacted].

# Applicant Look-Up – Existing LOC

- After selecting the recipient's last name, if an LOC is already in place it will be indicated under screening history.

The screenshot displays the 'Applicant Look-Up' interface. The top navigation bar includes 'Welcome', 'Screening', 'Tracking', 'Applicant Look-Up' (highlighted with a red box), 'Admin', 'Notifications', 'Reports', and 'Third Party'. Below the navigation bar, a link 'Click Here' is provided for expanding/collapsing organization details and user roles.

The main section is titled 'Enter your search criteria:'. It contains several input fields for search criteria, each with a red border:

- Name (Last, First)\*: Two input fields for last and first name.
- SSN\*\* (999999999): One input field.
- Date of Birth (mm/dd/yyyy): One input field.
- Undocumented Resident: A checkbox.
- Screening ID (99999999): One input field.
- Medicaid ID: One input field.
- PASRR Number: One input field.
- NVP ID (999999): One input field.

Below the input fields are 'Search' and 'Clear' buttons. A note states: 'Your search criteria must contain a combination of 3 unique values or the Screening ID along with one other value. \* The first and last name count as one value. \*\* If Applicant/Patient doesn't have an SSN, check 'Undocumented Resident'.'

On the right side, there is a 'Screening History' section (highlighted with a red box and a green arrow pointing to it). It contains a table with the following data:

Screening ID	Status	Screening Type	Submission Date	Completed Date	Screener Organization	Screener Name
<a href="#">124240</a>	LOC Manual Review	Initial Placement	08/08/2013			Screener, Organization



# Screening



# Screening History

- After selecting the recipient's last name, if an LOC is already in place, you may select the Screening ID to view the history.
- Click on the arrow to expand Latest Notifications to view the most current LOC.

Screening History

Screening ID	Status	Screening Type	Submission Date	Completed Date	Screener Organization	Screener Name
<a href="#">124243</a>	Completed	Initial Placement	08/08/2013	08/08/2013		

Applicant Information:

Applicant ID: 166678

Last Name	First Name	Middle Name	Date of Birth
Abal	Standard		
PN	Latest PASRR #	Start Date	Expiration Date
xx-6344			
Medicaid ID	Latest Level Of Care #		
	2013220502		

Re-Submission:

Resubmit

A resubmit will bring up a new screening form with current screening data prepopulated. Only Applicant Demographics are prepopulated if the current screening is submitted prior to 30 days.

Workflow Status: ( LOC Complete )

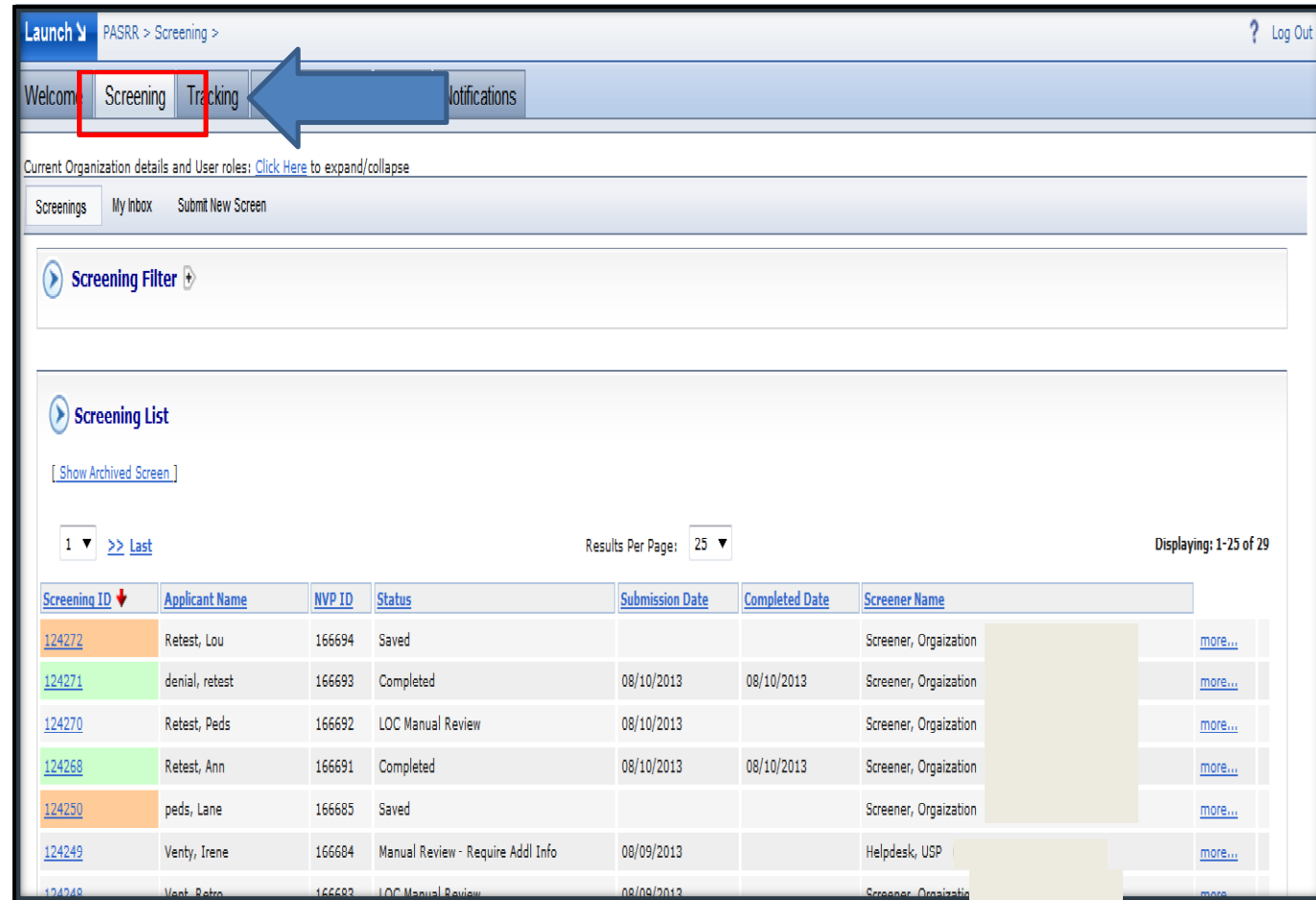
Latest Notifications:

Latest Notifications:

File	Created On
<a href="#">loc_ped1_124243.pdf</a>	2013-08-08 19:48:50.0

# Accessing the Screening Module

- Click on the Screening tab.



Launch PASRR > Screening > Log Out

Welcome **Screening** Tracking Notifications

Current Organization details and User roles: [Click Here](#) to expand/collapse

Screenings My Inbox Submit New Screen

Screening Filter

Screening List

[Show Archived Screen](#)

1 >> Last Results Per Page: 25 Displaying: 1-25 of 29

Screening ID	Applicant Name	NVP ID	Status	Submission Date	Completed Date	Screener Name
<a href="#">124272</a>	Retest, Lou	166694	Saved			Screener, Organization <a href="#">more...</a>
<a href="#">124271</a>	denial, retest	166693	Completed	08/10/2013	08/10/2013	Screener, Organization <a href="#">more...</a>
<a href="#">124270</a>	Retest, Peds	166692	LOC Manual Review	08/10/2013		Screener, Organization <a href="#">more...</a>
<a href="#">124268</a>	Retest, Ann	166691	Completed	08/10/2013	08/10/2013	Screener, Organization <a href="#">more...</a>
<a href="#">124250</a>	peds, Lane	166685	Saved			Screener, Organization <a href="#">more...</a>
<a href="#">124249</a>	Venty, Irene	166684	Manual Review - Require Addl Info	08/09/2013		Helpdesk, USP <a href="#">more...</a>
<a href="#">124248</a>	Vent, Reto	166683	LOC Manual Review	08/08/2013		Screener, Organization <a href="#">more...</a>

# Submit New Screen

- Click on Submit New Screen tab.
- Verify your contact information.
- Enter the applicant information.

The screenshot shows a web application interface for submitting a new screen. At the top, there are three tabs: 'Screenings', 'My Inbox', and 'Submit New Screen'. A blue arrow points to the 'Submit New Screen' tab. Below the tabs, the form is titled 'Submit New Screen' and is divided into three steps:

**Step 1. Verify Your Contact Information**

This step contains several input fields, some of which are highlighted with red boxes:

- Screener Name: [Red Box]
- Organization: [Red Box]
- Organization Id: [Red Box]
- Address: [Red Box]
- Telephone: 999-999-9999
- Fax: 999-999-9999
- Email: matt.gudaitis@hp.com

**Step 2. Enter Applicant Information**

This step contains several input fields:

- Last Name: [Red Box]
- First Name: [Red Box]
- Middle Name: [Red Box]
- SSN (999999999): [Red Box]
- NVP ID: [Red Box]
- Date of Birth (mm/dd/yyyy): [Red Box]
- Is Medicaid Eligible? Yes ☐ No ☐
- Medicaid ID: [Red Box]

**Step 3. Enter Screening Type**

This step contains a dropdown menu for 'Screening Type' and a list of 'Initial Placement' options. The 'Initial Placement' list is highlighted with a red box and includes the following options:

- PASRR(PAS)
- Resident Review(RR)
- Initial Placement
- Retro-Eligibility
- Service Level Change
- Time Limitation

At the bottom of the form, there is a 'Continue' button and a note: 'Enter the Applicant information above and then select the type of form you wish to complete. This information will automatically populate on the form. If you need'.


# Error Alert for Existing LOC

Existing LOC:

- After filling out the applicant information on page one of the screening tool, if an existing LOC is in place, you will receive an alert that a Level of Care already exists for the patient. You may have to change your screening type selection to continue.

Validation Messages/Errors:

- A Level Of Care (LOC) already exists for this patient. You may need to change your selection to continue.

**Step 1. Verify Your Contact Information** 

<b>Screener Name:</b>	<b>Organization:</b>	<b>Organization Id:</b>	
Screener, Organization		CA1041069393	
<b>Address:</b>	<b>Telephone:</b>	<b>Fax:</b>	<b>Email:</b>
	999-999-9999	999-999-9999	

# Medicaid Eligibility

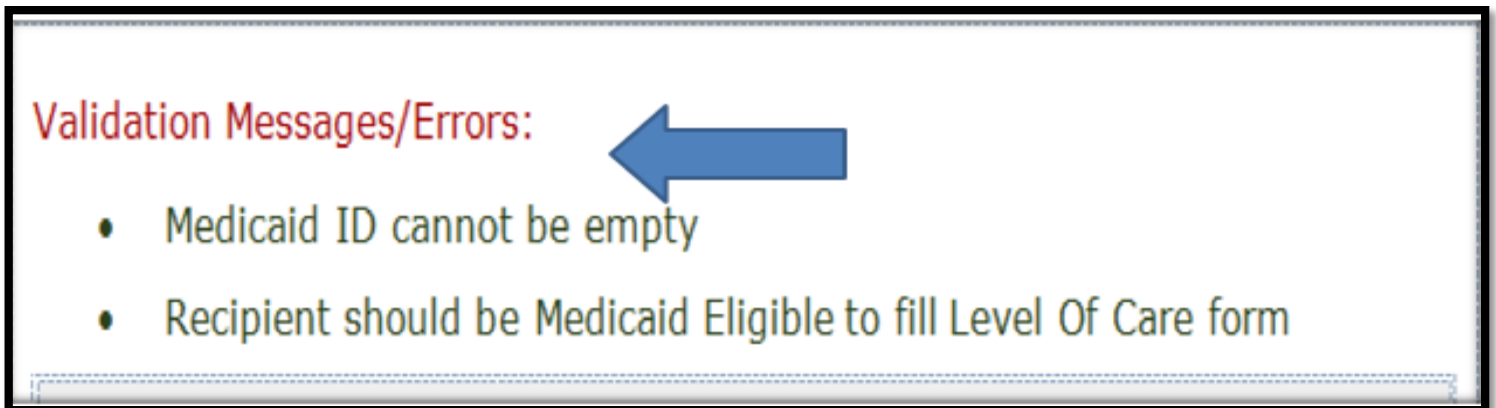
Select if the applicant is Medicaid Eligible.

- If you have selected YES, you will be able to proceed with the LOC screen.
- If you have selected NO, the following message will appear, and you will not be allowed to continue.



Is Medicaid Eligible? Yes No

Medicaid ID:



Validation Messages/Errors:

- Medicaid ID cannot be empty
- Recipient should be Medicaid Eligible to fill Level Of Care form

# Screening Type

Step 3. Enter Screening Type

Screening Type: Initial Placement

Select appropriate Screening Type based on the screening results.  
The Screening Type can NOT be changed after you save.

Service Level: Standard

Continue

Select from the drop-down box:

- Screening Type
  - Initial Placement: The recipient is being admitted into the nursing facility (NF) for the first time.
  - Retro-Eligibility: The recipient was determined eligible for Medicaid benefits retroactively.
  - Service Level Change: A recipient's service needs have changed. For example, the recipient was not ventilator dependent but now is or vice versa.
  - Time Limitation: The previous LOC assessment was time limited and is close to expiration. For example, Pediatric specialty care I and II can only be approved for 180 days at a time.
- Click Continue

# Service Level

**Step 3. Enter Screening Type**

Screening Type:  Initial Placement:

Select appropriate Screening Type based on the screening to be created.  
The Screening Type cannot be changed after you start filling the form.

Service Level:  Standard

- Standard
- Pediatric Specialty Care I
- Pediatric Specialty Care II
- Ventilator Dependent

## Select from the drop-down box:

- Level of Service
  - NF Standard encompasses a majority of recipients.
  - NF PED spec care I and II are limited to recipients birth to 21 years of age who require specialized, intensive, licensed skilled nursing care beyond the scope of services provided to the majority of NF recipients.
  - NF Ventilator Dependent is limited to recipients who are dependent on mechanical ventilation a minimum of 6 hours per day.
- Click Continue.



# Screening Type and Requesting Facility – Page 1

- Screening Type and Requesting Facility or Provider Information will be auto-populated from the choices previously made.

The screenshot displays the PASRR Screening form interface. At the top, a navigation bar includes tabs for 'Welcome', 'Screening' (highlighted with a red box), 'Tracking', 'Applicant Lookup', 'Admin', 'Notifications', 'Reports', and 'Third Party'. Below this, a sub-header reads 'Current Organization details and User roles: [Click Here](#) to expand/collapse'. A secondary navigation bar contains 'Screenings', 'My Inbox', 'PASRR Level 2 Screens', and 'Submit New Screen'.

The main form area is divided into two primary sections, both highlighted with red boxes:

- Screening Type ?**: This section contains two columns of options. The left column, titled 'Please choose the type of screening', features a dropdown menu currently set to '-- Select --'. The right column, titled 'Date of decision', shows the value '2013-08-10T09:27:22.016'. Below these are two groups of radio buttons: 'Reason For Screening' (with options: Initial Placement, Retro Eligibility, Service Level Change, Time Limitation) and 'LOC Service Level' (with options: Standard, Pediatric Specialty Care I, Pediatric Specialty Care II, Ventilator Dependent).
- Requesting Facility or Provider Information ?**: This section contains a form with multiple input fields. The first row has 'Screener' and 'Organization' fields. The second row has 'Professional Title' and 'Organization' fields, with 'Carson-Tahoe Hospital' entered in the latter. The third row has 'Screener Contact Name', 'Screener Contact Org Name', and 'Screener Contact Org Id' fields. The fourth row has 'Screener Contact Org Address', 'Screener Contact Org Phone', and 'Screener Contact Org Fax' fields.

# Entering Applicant Information – Page 1

- Applicant Name will be auto-populated.
- Enter the Recipient's Permanent Mailing address and Phone Number.
- Medicaid ID# is auto-populated.
- Select from the drop-down boxes the recipient's Gender and Medicaid Status.
- Select from the drop-down box the member's County of Residence.
- Click Next.

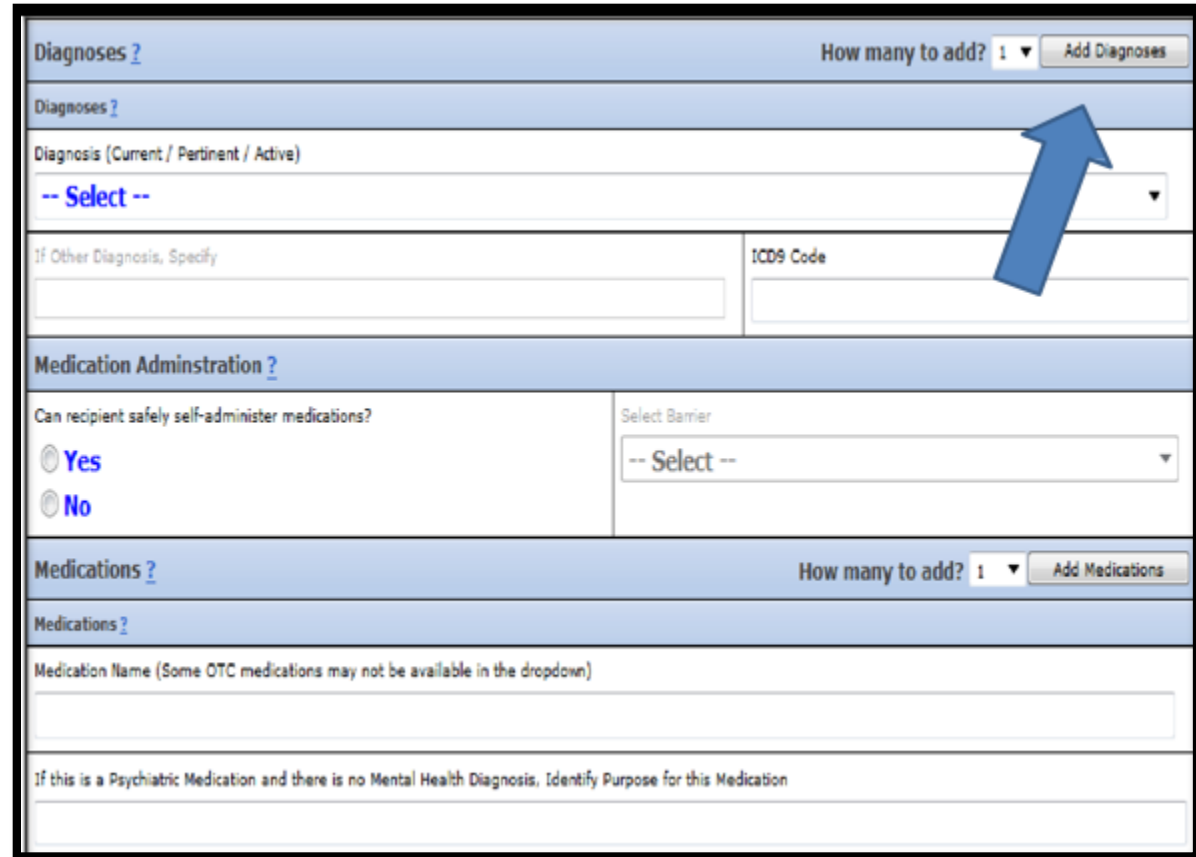
The screenshot displays a web form titled "Applicant Information". It is divided into several sections:

- Applicant Information:** Contains fields for Last Name, First Name, and Middle Name.
- Recipient's Permanent Mailing Address:** Includes a Street Address field, and City, State (a dropdown menu currently showing "Nevada"), and Zip Code fields.
- Personal Details:** This section contains several rows of fields:
  - Row 1: Social Security Number (999999999) with a red box around the input field, Date of Birth (mm/dd/yyyy), and Gender (a dropdown menu showing "-- Select --").
  - Row 2: Recipient's Home or Cell Phone Number (999-999-9999), Medicaid ID Number (with a red box around the input field), and Medicaid Status (a dropdown menu showing "-- Select --").
  - Row 3: Medicaid County Of Residence (a dropdown menu showing "-- Select --").

At the bottom of the form, there is a "Screening ID: 124272" label. To its right are four numbered tabs: 1 (highlighted in red), 2, 3, and 4, followed by a "next >>" link. A large blue arrow points upwards towards the "next >>" link. On the far right of the form are four buttons: "Save", "Validate", "Submit", and "Delete".

# Entering Diagnosis Information – Page 2

- Select from the drop-down box the recipient's Diagnosis.
- To enter additional diagnoses, indicate how many diagnoses you would like to add and click "Add Diagnosis."
- If diagnosis cannot be located in the drop-down box, enter the diagnosis in the other field or enter the diagnosis code.




The screenshot shows the 'Diagnoses' section of a form. At the top, there is a header bar with the text 'Diagnoses ?' and a dropdown menu labeled 'How many to add?' with the value '1' and an 'Add Diagnoses' button. Below this is a section titled 'Diagnoses ?' with a sub-header 'Diagnosis (Current / Pertinent / Active)'. There is a dropdown menu with the text '-- Select --'. To the right of this dropdown is a blue arrow pointing towards the 'Add Diagnoses' button. Below the dropdown is a text input field labeled 'If Other Diagnosis, Specify'. To the right of this field is a text input field labeled 'ICD9 Code'. Below these fields is a section titled 'Medication Administration ?' with a sub-header 'Can recipient safely self-administer medications?'. There are two radio buttons: 'Yes' (selected) and 'No'. To the right of the radio buttons is a dropdown menu labeled 'Select Barrier' with the text '-- Select --'. Below this section is a section titled 'Medications ?' with a sub-header 'Medication Name (Some OTC medications may not be available in the dropdown)'. There is a text input field for the medication name. Below this field is a text input field labeled 'If this is a Psychiatric Medication and there is no Mental Health Diagnosis, Identify Purpose for this Medication'.

# Medication Administration

- Indicate whether the recipient can self-administer medication.
- If No is selected, the provider will need to select the barrier from the drop-down box on the right-hand side.
- If YES is selected, the Select Barrier option does not need to be completed.
- One medication should be indicated in the Medication Name box. As the provider begins to type, a list of medications will be displayed for the provider to select.

**Medication Administration ?**

Can recipient safely self-administer medications?

☒ Yes 

☐ No

Select Barrier

Needs Administration Assistance

---

**Medication Administration ?**

Can recipient safely self-administer medications?

☒ Yes

☐ No

Select Barrier

-- Select --

---

**Medications ?** How many to add? 1 Add M

**Medications ?**

Medication Name (Some OTC medications may not be available in the dropdown)

\_\_\_\_\_

If this is a Psychiatric Medication and there is no Mental Health Diagnosis, Identify Purpose for this Medication

\_\_\_\_\_

# Entering Additional Medications

- To enter additional medications, indicate how many medications you would like to add and click “Add Medications.”
- The system will provide additional fields for entry.

The screenshot shows a web form with three main sections: **Diagnoses**, **Medication Administration**, and **Medications**. The **Diagnoses** section includes a dropdown for 'Diagnosis (Current / Pertinent / Active)' and a text field for 'If Other Diagnosis, Specify'. The **Medication Administration** section includes radio buttons for 'Can recipient safely self-administer medications?' and a dropdown for 'Select Barrier'. The **Medications** section is highlighted with a red box around the 'How many to add?' dropdown and the 'Add Medications' button. A blue arrow points to the 'Add Medications' button. Below the red box, there is a text field for 'Medication Name (Some OTC medications may not be available in the dropdown)' and a text field for 'If this is a Psychiatric Medication and there is no Mental Health Diagnosis, Identify Purpose for this Medication'.

# Entering Special Needs Information

## Special Needs

- Select all special needs that apply.
- You can select one or more needs.

Special Needs			
<input checked="" type="checkbox"/> Central Line	<input checked="" type="checkbox"/> Feeding Tube (G,J, NG tube)		<input checked="" type="checkbox"/> Glucose Monitoring
<input checked="" type="checkbox"/> Insulin Coverage (Sliding scale with variable coverage)	<input checked="" type="checkbox"/> IV	<input checked="" type="checkbox"/> O2	<input checked="" type="checkbox"/> Ostomy
<input checked="" type="checkbox"/> Pediatric Specialty Care	<input checked="" type="checkbox"/> PICC		<input checked="" type="checkbox"/> Saline-Lock
<input checked="" type="checkbox"/> Secured (Alzheimer) Unit	<input checked="" type="checkbox"/> Specialty Bed	<input checked="" type="checkbox"/> Suctioning	<input checked="" type="checkbox"/> Trach
<input checked="" type="checkbox"/> Ventilator Dependent		<input checked="" type="checkbox"/> Wound Care	
<input type="checkbox"/> DME			<input type="checkbox"/> Other
Other Special Need			

# Entering Activities of Daily Living

## Activities of Daily Living

- For all activities, select from the drop-down box the level of care needed.

## Activities of Daily Living include:

- Bed mobility
- Transferring
- Dressing
- Eating/Feeding
- Hygiene
- Bathing

Note: If the level of care is anything other than independent or activity did not occur, you will be required to select the level of support needed in the column to the right.

**This is a requirement for all activities of daily living on page 2.**

Activity	Self-Performance	Support Provided
Bed Mobility	Independent	-- Select --
Transferring	Supervision	One Person Physical Assist
Dressing	Limited Assistance	One Person Physical Assist
Eating/Feeding	Limited Assistance	Setup Help Only
Bladder Function	Supervision	Incontinent

# Entering Bladder and Bowel Function Information

## Activities of Daily Living

- For all activities, select from the drop-down box the level of care needed.

Note: If the level of care is anything other than independent or activity did not occur, you will be required to select the level of support needed in the column to the right.

The screenshot shows a form with two main sections: 'Bowel Function' and 'Bladder Function'. The 'Bowel Function' section has a dropdown menu that is currently open, displaying a list of options: '-- Select --', '-- Select --', 'Independent', 'Supervision', 'Limited Assistance', 'Extensive Assistance', 'Total Dependence', 'Activity Did Not Occur', and '-- Select --'. The 'Independent' option is highlighted in blue. To the right of the 'Bowel Function' dropdown is a 'Bowel Function Support' dropdown menu, which is currently set to '-- Select --'. Below these is the 'Bladder Function' section, which has a dropdown menu set to 'Supervision'. To the right of the 'Bladder Function' dropdown is a 'Bladder Function Support' dropdown menu, which is currently set to 'Incontinent'.



# Entering Locomotion Information

## Activities of Daily Living

- For all activities, select from the drop-down box the level of care needed.

Note: If the level of care is anything other than independent or activity did not occur, you will be required to check all that apply under locomotion support in the column to the right.

The screenshot displays two panels of a software interface for entering locomotion information. Each panel has a title bar labeled 'Locomotion 2'.

**Top Panel:**

- Locomotion:** A dropdown menu with options: "-- Select --", "-- Select --", **Independent** (highlighted), Supervision, Limited Assistance, Extensive Assistance, Total Dependence, and Activity Did Not Occur.
- Locomotion Support:** A list of checkboxes: ☐ Bed/chair, ☐ Bed Only, ☐ Braces, ☐ Cane, ☐ Crutches, ☐ Heavy Duty Bed, and ☐ Hoyer Lift.

**Bottom Panel:**

- Locomotion:** A dropdown menu with the option: **Supervision**.
- Locomotion Support:** A list of checkboxes: ☐ **Bed/chair**, ☐ **Bed Only**, ☐ **Braces**, ☐ **Cane**, ☐ **Crutches**, ☐ **Heavy Duty Bed**, ☐ **Hoyer Lift**, ☐ **Quad Cane**, ☐ **Walker**, ☐ **Wheelchair**, and ☐ **Other**. This entire section is enclosed in a red rectangular border.

# Entering Recipient's Need for Supervision & IADLs

Recipient's need for Supervision:

- Select all that apply.
- You are able to select one or more of the needs for supervision.

Meal Preparation:

- Select level of Self-Performance from the drop-down box.

Home Making Services:

- Select the level of Self-Performance from the drop-down box.

Recipients Need for Supervision ?

<input checked="" type="checkbox"/> Behavior Problem	<input checked="" type="checkbox"/> Resists Care	
<input checked="" type="checkbox"/> Socially Inappropriate	<input checked="" type="checkbox"/> Wandering	
<input checked="" type="checkbox"/> Physically Abusive	<input checked="" type="checkbox"/> Safety Risk	<input type="checkbox"/> Verbally Abusive

Meal Preparation ?

Meal Preparation Self-Performance

-- Select --

-- Select --

Independent Supervision

Limited Assistance

Extensive Assistance

Total Dependence

Activity Did Not Occur

Home Making Services ?

Ordinary/Light Housework - Self-Performance

-- Select --

-- Select --

Independent Supervision

Limited Assistance

Extensive Assistance

Total Dependence

Activity Did Not Occur

# Form Completion

After completion of Page 2:

- Click Next or 3, if you are requesting a pediatric LOC.
- Or you may click 4 to complete the submission process.

Home Making Services ?

Ordinary/Light Housework - Self-Performance

-- Select --

Screening ID: 124272

<< prev 1 2 3 4 next >>

Save Validate Submit Delete

Note: Page 3 should only be selected for recipients birth to 21 years of age who require specialized, intensive, licensed skilled nursing care beyond the scope of services provided to the majority of NF recipients.

# Entering Pediatric Specialty Care Information – Page 3

This is form FA-22 and is only required for a Pediatric Level of Care.

## Nursing Services Information:

- Select Yes or No if the recipient requires 24-hour nursing care.
- If you select Yes, then you will be required to select one or more of the required nursing services.
- If you select No, you will not have the capability to select any nursing services.

## Treatment Procedures

- Select all treatment/procedures that apply to the recipient. You have the capability to select one or more.

Note: If IV Therapy is selected, you must select one of the IV Therapies to the right side.

**Nursing Services Information ?**

The recipient's condition requires 24-hour access to care from a registered nurse and there is documentation to support that the recipient has at least one of the following:

☒ Yes  
☐ No

☐ A tracheostomy requiring mechanical ventilation a minimum of 6 hours per day or the recipient is on a ventilator weaning program (time limited)

☐ A tracheostomy requiring suctioning, mist or oxygen and at least one treatment procedure listed in the next section

☐ Dependence on Total Parenteral Nutrition (TPN) or other intravenous (IV) nutritional support and at least one treatment procedure listed in the next section

☐ Administration of at least two treatment procedures listed in the next section

**TREATMENT PROCEDURES (check all that apply) ?**

☐ Central or peripherally inserted central catheter (PICC) line management

☐ Complex wound care (including stage III or IV decubitus wound or recent surgical or other recent wound) requiring extensive dressing or packing (time limited)

☐ Daily respiratory care (60 minutes or more per day or continuous oxygen and saturation monitoring or percussion therapy)

☒ Intermittent suction of at least every eight hours and mist or aerosol as needed

☒ IV Therapy?

Select IV Therapy:

☐ Administration of continuous therapeutic agents  
☐ Hydration  
☒ Intermittent IV drug administration of more than one agent

☐ Hemodialysis treatments requiring at least 4 exchanges every 24 hours

☐ Seizure Precautions?

☐ Tube utilization (nasogastric or gastrostomy); Foley, intermittent catheterization, PEG, rectal tube

# Entering Applicant Behavior Issues, Discharge Potential & Justification

This is form FA-22 and is only required for a Pediatric Level of Care.

Moderate Behavior Issues and Other special treatments:

- Select one or both of these needs.
- If you select either one of these as being a recipient need, you will be required to enter a description of what the specific needs are in the column to the right.

## Discharge Potential

- Enter details of the recipient's potential for discharge.

## Justification

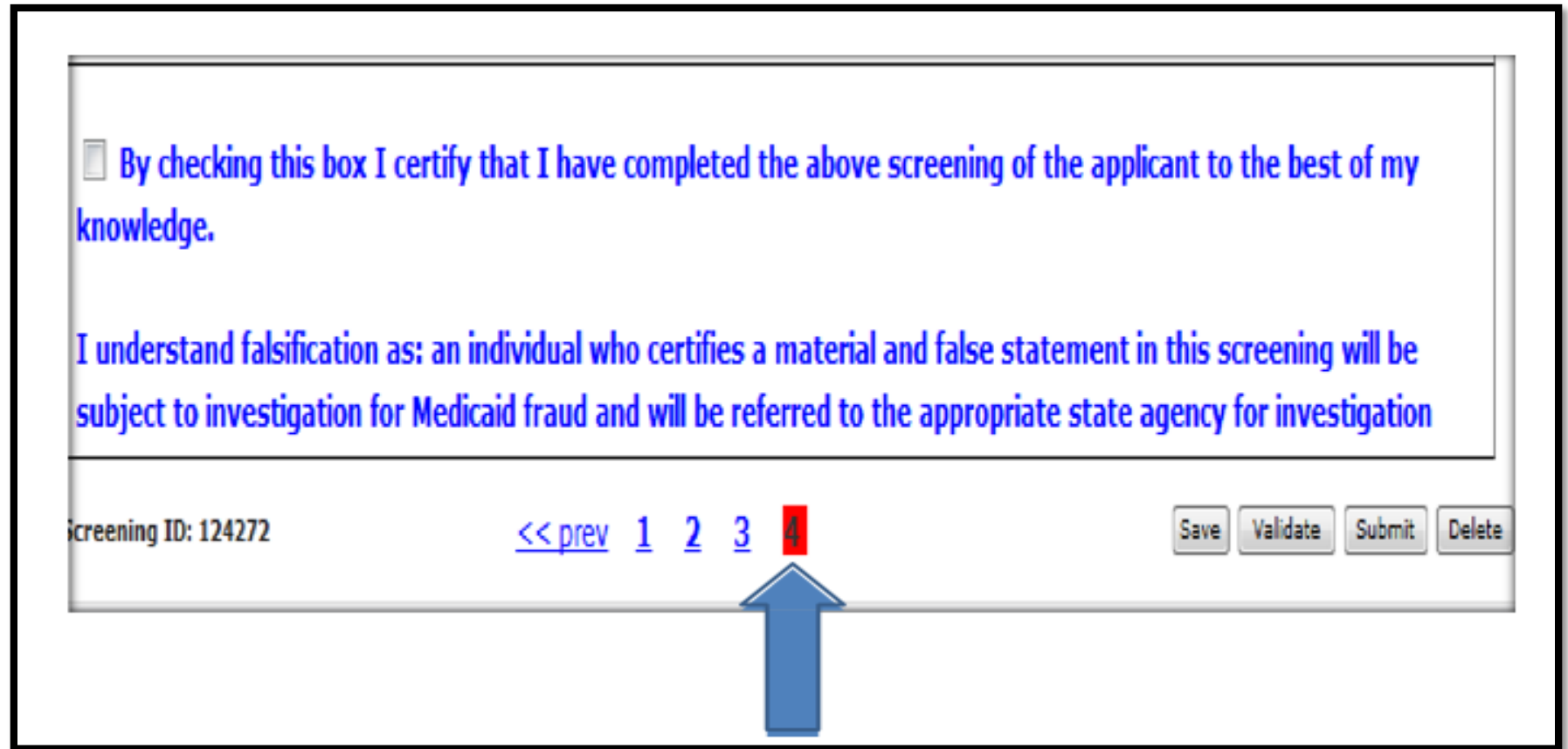
- Enter information to support the medical necessity of Pediatric specialty care
- If you have selected Pediatric Specialty Care I or II, you are required to attach documentation; indicate if you are faxing it.

<input type="checkbox"/> Moderate behavior issues (including self abuse) Describe the problem behavior, frequency and severity:	Describe the problem behavior, frequency and severity: <input type="text"/>
<input type="checkbox"/> Other special treatment(s) not listed above - Describe in detail:	Describe other Special Treatments in detail: <input type="text"/>
<b>Discharge Potential ?</b>	
Describe the recipient's potential for discharge from the pediatric unit to a lower level of care or home: <input type="text"/>	
<b>Discharge potential from the pediatric unit to lower level of care is possible</b>	
<b>Justification ?</b>	
Enter additional comments to support medical necessity of Pediatric Specialty Care Services (attach supporting documentation): <input type="text"/>	

# Completion of Pediatric Specialty Care Page

After completing all information on Page 3:

- Click Next or the number 4



The screenshot shows a web form for completing the Pediatric Specialty Care Page. It features a certification statement with a checkbox, a warning about falsification, a page navigation bar with a red highlight on '4' and a blue arrow pointing to it, and action buttons at the bottom right.

☐ By checking this box I certify that I have completed the above screening of the applicant to the best of my knowledge.

I understand falsification as: an individual who certifies a material and false statement in this screening will be subject to investigation for Medicaid fraud and will be referred to the appropriate state agency for investigation

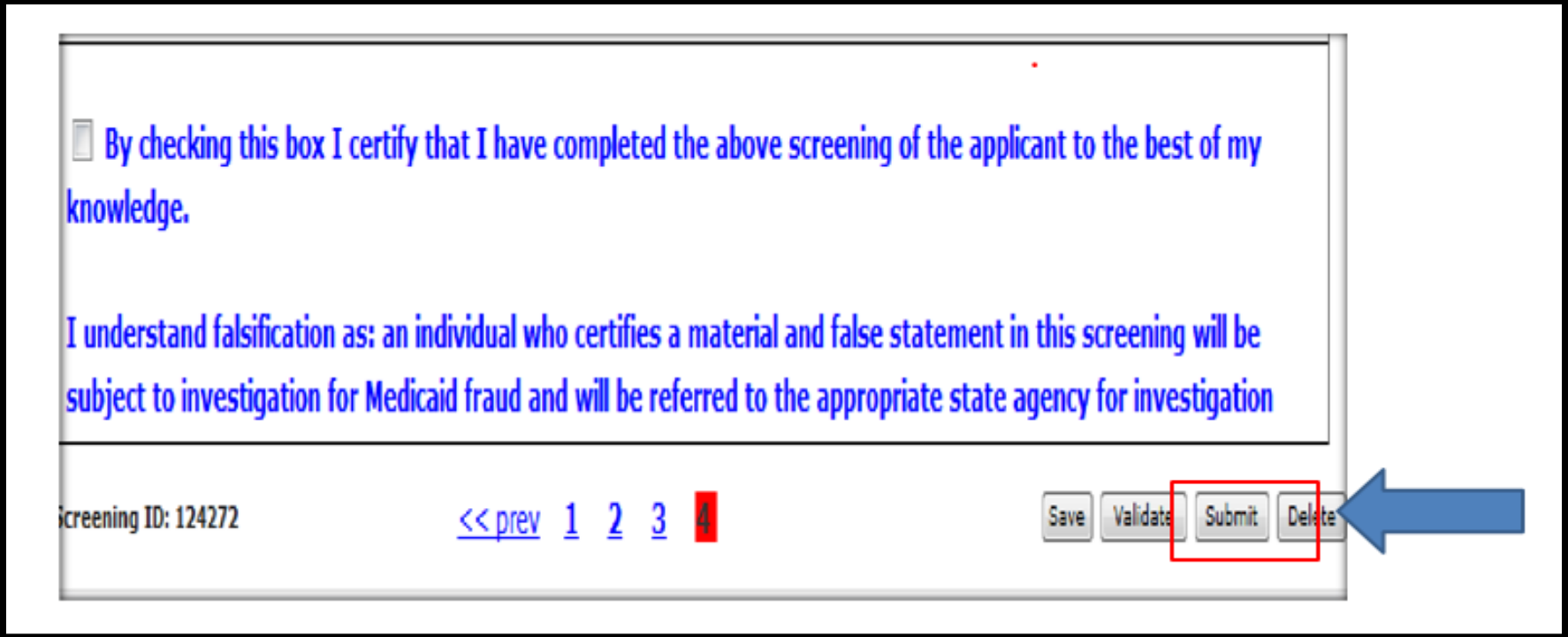
Screening ID: 124272      << prev 1 2 3 **4**

Save Validate Submit Delete

# Submission Page

You are now ready to submit your request:

- Click "Submit"



☐ By checking this box I certify that I have completed the above screening of the applicant to the best of my knowledge.

I understand falsification as: an individual who certifies a material and false statement in this screening will be subject to investigation for Medicaid fraud and will be referred to the appropriate state agency for investigation

Screening ID: 124272      << prev 1 2 3 **4**

Save Validate **Submit** Delete

# Error: Incomplete Information

If you have not completed all areas of the tool based on your selection of the screening type and service level:

- You will receive alerts directing you to the area of the tool that has not been completed.
- To complete these alerts, click on the alert in the Section column and you will automatically be taken to that section of the tool to be completed.
- Continue to click on each alert until all sections have been completed.
- Once all alerts have been addressed you now are ready for submission.
- Click on "Submit"

I understand falsification as: an individual who certifies a material and false statement in this screening will be subject to investigation for Medicaid fraud and will be referred to the appropriate state agency for investigation

Screening ID: 124272 << prev 1 2 3 4 Save Validate Submit Delete

Screenings My Inbox PASRR Level 2 Screens Submit New Screen

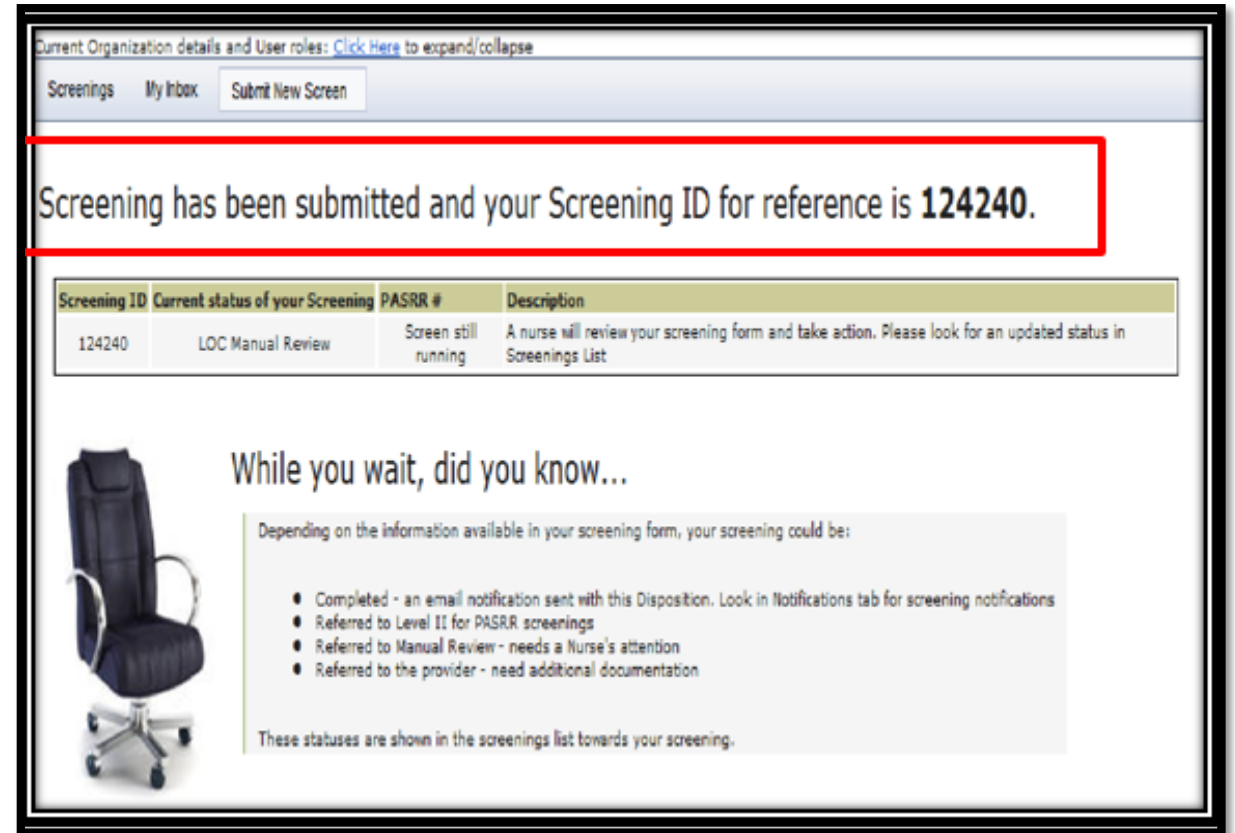
Fix the following errors and click Submit to submit your form:

Page Number	Error	Section
1	Street Address is required.	Recipient's Permanent Mailing Address
1	City is required.	Recipient's Permanent Mailing Address
1	Zip Code is required.	Recipient's Permanent Mailing Address
1	Gender is required.	Personal Details
1	Medicaid Status is required.	Personal Details
1	Medicaid County Of Residence is required.	Personal Details
2	Can recipient safely self-administer medications? is required.	Medication Administration
2	For checked items above, list the frequency/duration of treatment, the stage/grade/size/location of wounds and/or any other specific treatments: is required.	Special Needs
2	Transferring Self-Performance is required.	Transferring



# Request Submission

- Once your submission has been made you will receive the following screen as to the status of your request.
- If the request goes to manual review, the LOC will be reviewed by a nurse and will either be completed and or returned for additional information.
- If the recipient is not Medicaid eligible, you will receive a cancellation notice.
- If the LOC is approved, you can go to the notifications tab to retrieve the letter.




Current Organization details and User roles: [Click Here](#) to expand/collapse

Screenings My Inbox Submit New Screen

Screening has been submitted and your Screening ID for reference is **124240**.

Screening ID	Current status of your Screening	PASRR #	Description
124240	LOC Manual Review	Screen still running	A nurse will review your screening form and take action. Please look for an updated status in Screenings List

 While you wait, did you know...

Depending on the information available in your screening form, your screening could be:

- Completed - an email notification sent with this Disposition. Look in Notifications tab for screening notifications
- Referred to Level II for PASRR screenings
- Referred to Manual Review - needs a Nurse's attention
- Referred to the provider - need additional documentation

These statuses are shown in the screenings list towards your screening.

# Notification Tab

- From the notification list you can select the PDF File associated with the Screening ID.

WelcomeScreeningTrackingApplicant LookupAdminNotificationsReportsThird Party

Current Organization details and User roles: [Click Here](#) to expand/collapse

Notifications List

Notification Filter

Notification List

[\[ Show Archived Notifications \]](#)

1


Results Per Page: 25

Displaying: 1-25 of 25

Log ID	Screening ID	Applicant Name	Notification Name	PDF File	Date Created	Date Sent	Receiver	Method	Address	Screen
<a href="#">19773</a>	<a href="#">124270</a>	Retest, Peds	LOC Pediatric Specialty Care	<a href="#">loc_ped1_124270.pdf</a>	08/15/2013	08/15/2013	Screener	Email	Screener, Organization	Screen

# Letter Generation

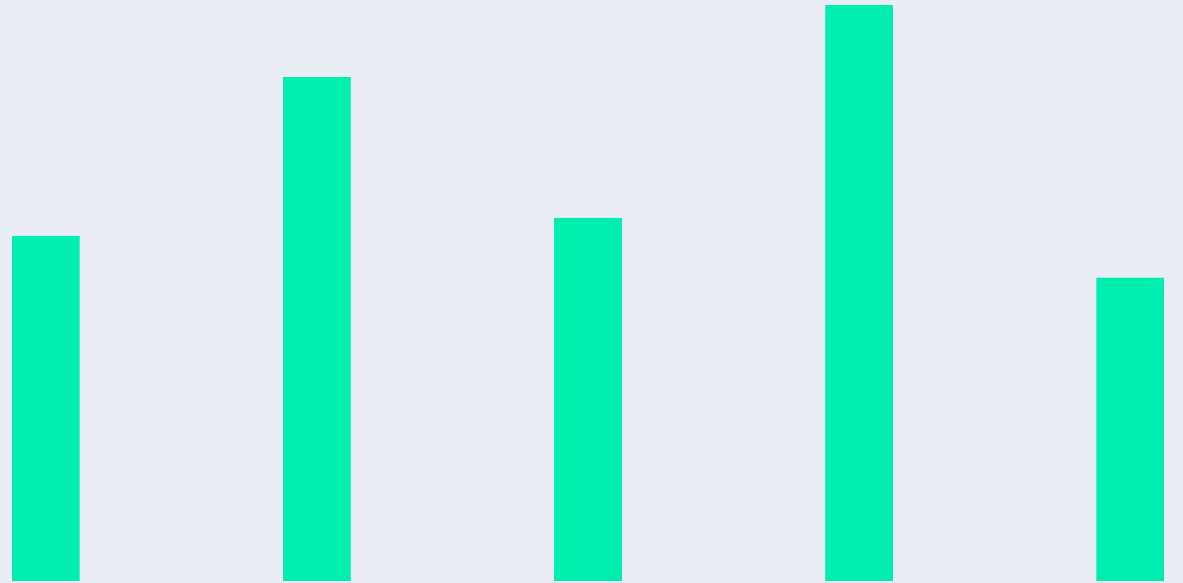
- Once a determination has been made, a letter will be generated indicating the status and level of care.
- It is the provider's responsibility to locate the letter under "Applicant Lookup Exceptions" as not all letters will be mailed.
- Letters will be mailed for Level 1A and Level II determinations and that correspondence will be sent to the application or their guardian only.

	
<b>STATE OF NEVADA</b> <b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>DIVISION OF HEALTH CARE FINANCING AND POLICY</b> 1100 E. William Street, Suite 101 Carson City, Nevada 89701	
<b>NEVADA LEVEL OF CARE DETERMINATION</b>	
<b>Date:</b> 08/10/2013	<b>Date of Request:</b> 08/10/2013
<b>THI of Nevada II, Desert Lane LLC</b> 640 Desert Lane Las Vegas, NV 89106-4207	<b>Determination Date:</b> 08/10/2013
	<b>Patient:</b> denial, retest
	<b>Medicaid ID#:</b> 52252252201
	<b>SSN:</b> 522-52-2522
	<b>Date of Birth:</b> 02/22/1922
	<b>County:</b> Other
	<b>District:</b>
	<b>Request ID:</b> 124271
<p>The state of Nevada has contracted with HP Enterprise Services to conduct Level of Care Screenings. This letter serves as written verification of determination and must become part of the resident's medical record. The Level of Care Determination remains valid for the resident's stay and should be transferred with the resident if he/she relocates. No further Level of Care Screening is required unless the screening is limited or if a significant change occurs with the resident's status, which suggests a change in treatment needs for those conditions.</p> <p>This is a notification of HP Enterprise Services recommendation. The recommendation is as follows:</p> <p><u><b>Reason for Screening:</b></u></p> <p><u><b>Service Level:</b></u></p> <p><u><b>Placement Recommendation:</b></u> Denied - Does not meet Nursing Facility LOC</p> <p>Please understand that HP Enterprise Services does not make the decision about the patient's medical care. This review applies only to determining if the services are medically necessary under the terms of the Nevada Medicaid and Check Up program.</p> <p>Please call 1-800-525-2395 with questions. The fax number is 1-866-480-9903. The mailing address is HP Enterprise Services, PO Box 30042, Reno, NV 89520</p> <p>Sincerely,</p> <p>Manikoth Kurup, M.D.</p>	

# Nevada Medicaid Nursing Facility and ICF/IID Tracking Process Training



# Objectives



# Objectives

1. Describe the current process and understand the new process when submitting tracking forms
2. Differentiate between PASRR and Level of Care
3. Demonstrate how to enroll in EVS and access the PASRR Portal
4. Identify and resolve potential validation errors
5. Navigate and submit an online form
6. Identify resources to help with the process

# Nursing Facility Tracking Form



# Nursing Facility Tracking Form

Nursing facilities must submit the Nursing Facility Tracking Form to Nevada Medicaid in order to bill. This form is required for all of the following:

- Admissions
- Discharges
  - **Note:** Failure to immediately report discharge information may prevent the recipient from receiving other necessary services and/or prevent other providers from receiving payment.
- Deaths
- Hospice enrollments or dis-enrollments
- Level of Care changes
- Medicaid Managed Care dis-enrollments
- New or retro eligibility determinations
- Payment continuations



# ICF/IID Tracking Form

The facility must submit an ICF/IID Tracking Form within 72 hours of an admission, readmission, discharge, Medicaid eligibility determination or annual continued stay review.

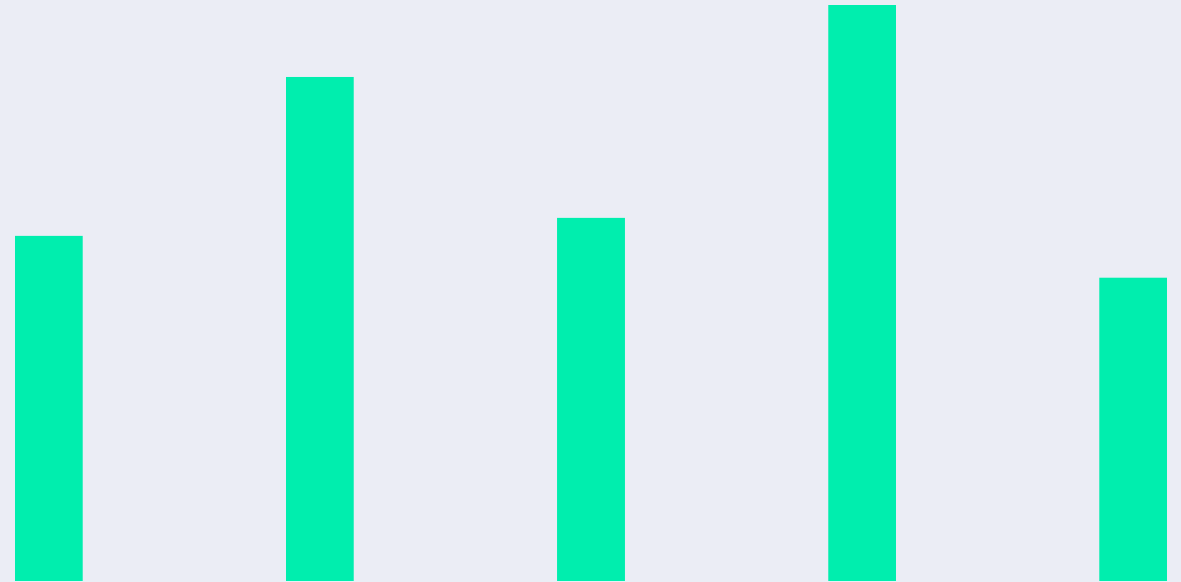
**Note:** Failure to submit the Tracking Form may result in a delay or denial of payment.

# The ICF/IID & Nursing Facility Tracking Form Process

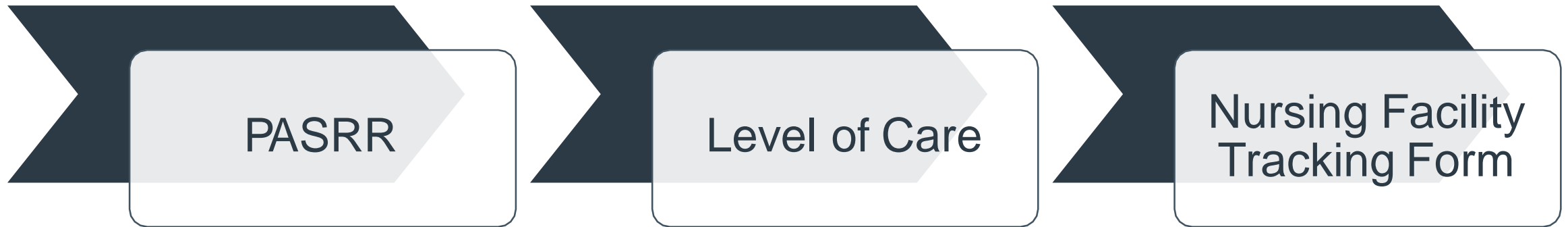
## Process

- Beginning July 1, 2016, forms are submitted online, and fields are validated for accuracy
- Forms are transmitted online directly to Nevada Medicaid via the Long-Term Care/PASRR Portal

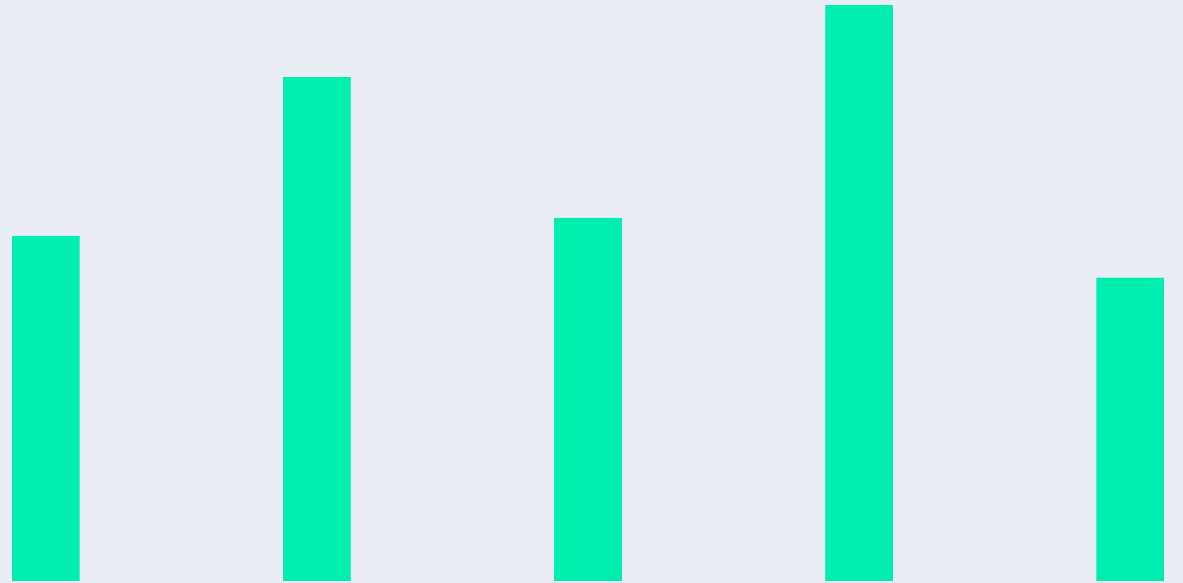
# PASRR and Level of Care (LOC)



# Nursing Facility Tracking Form



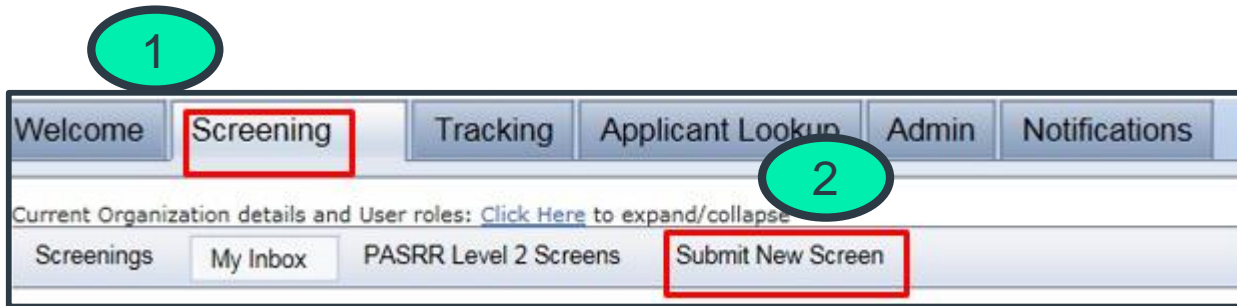
# Tracking Form Screen Submissions



# Tracking Screen Submission Process Overview

- Select “**Submit New Screen**” and enter information
- At submission if there is information missing or information does not match, you may receive a validation error
- Once screen is successfully submitted, the system will automatically check eligibility and other criteria
- Possible outcomes of submission are:
  - Pended for additional information
  - Completed and approved
  - Completed and rejected

# Submit New Screen



1. Click on the “Screening” tab
2. Click on the “Submit New Screen” tab

# Submit New Screen, continued

The screenshot shows a web application interface for submitting a new screen. At the top, there are tabs: 'Screenings', 'My Inbox', 'PASRR Level 2 Screens', and 'Submit New Screen'. The 'Submit New Screen' tab is active. Below the tabs, there is a section titled 'Submit New Screen' with a green circle containing the number 3. This section contains 'Step 1. Verify Your Contact Information' with fields for 'Screener Name:', 'Organization:', 'Organization Id:', 'Address:', 'Telephone:', 'Fax:', and 'Email:'. Below this is 'Step 2. Enter Applicant Information' with a green circle containing the number 4. This section contains fields for 'Last Name:', 'First Name:', 'Middle Name:', 'SSN (999999999):', 'NVP ID:', 'Date of Birth (mm/dd/yyyy):', a 'Check box if recipient is Medicaid eligible' checkbox, and a 'Medicaid ID:' field. Below this is 'Step 3. Enter Screening Type' with a green circle containing the number 5. This section contains a 'Screening Type:' dropdown menu and a 'Continue' button. A red box highlights the 'Continue' button.

Screenings My Inbox PASRR Level 2 Screens Submit New Screen

Submit New Screen

3

Step 1. Verify Your Contact Information

Screener Name: Organization: Organization Id:

Address: Telephone: Fax: Email:

Step 2. Enter Applicant Information

Last Name: First Name: Middle Name:

SSN (999999999): NVP ID: Date of Birth (mm/dd/yyyy):

Check box if recipient is Medicaid eligible ☐

Medicaid ID:

Step 3. Enter Screening Type

Screening Type:

Select appropriate Screening Type based on the screening to be performed. The Screening Type can NOT be changed after you start filling the form.

Continue

3. Verify your contact information
4. Enter applicant information:
  - Last Name
  - First Name
  - SSN
  - DOB
  - a. Click the box next to “Check box if recipient is Medicaid eligible”
  - b. Enter 11-digit Medicaid ID
5. Select “Screening Type”



# Select Screening Type

**Step 3. Enter Screening Type**

**Screening Type:** NF Tracking 6

Select appropriate Screening Type based on the screening to be created. The Screening Type can NOT be changed after you start filling the form.

**Service Level:** Standard 7


**Request Payment Date:** 02/01/2016 8

Continue 9

6. Select “NF Tracking” from the “Screening Type” drop-down box
7. Select the “Service Level”
  - Standard
  - Pediatric Specialty Care I
  - Pediatric Specialty Care II
  - Ventilator Dependent
8. Enter the request payment date
9. Select “Continue”

**Note:** If information does not match, validation errors will occur.

# Example of Validation Error Prior to Submission



Validation Messages/Errors:

- The service level requested does not match the LOC for this member.
- The LOC start date is after the NF admit date. Please check your dates.

To resolve, please check the LOC Service Level and start date.

Request a new LOC if needed or change tracking request to match.

# Select Screening Type – ICF/IID Tracking Form

**Step 3. Enter Screening Type**

**Screening Type:** ICF/IID Tracking ✓ 1

Select appropriate Screening Type based on the screening to be created. The Screening Type can NOT be changed you start filling the form.

**Request Payment Date:** 02/01/2016 2

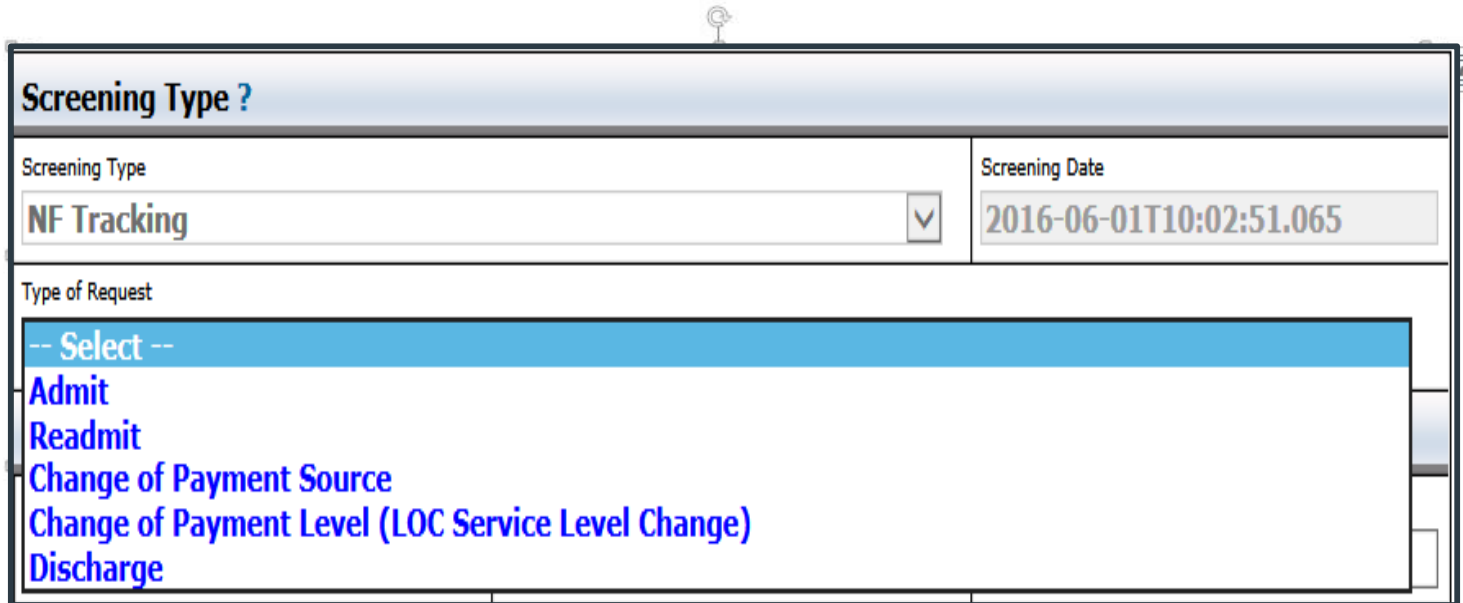
Continue 3

1. Select “ICF/IID Tracking” from the “Screening Type” drop-down menu
2. Enter the payment date
3. Select “Continue”

Note: If information does not match, validation errors will occur:

- The information entered does not match our records

# Select Type of Request – NF Tracking & ICF/IID Tracking Form



The screenshot shows a web form titled "Screening Type ?". It contains two main sections. The first section has two fields: "Screening Type" with a dropdown menu showing "NF Tracking" and a small downward arrow, and "Screening Date" with a text box containing "2016-06-01T10:02:51.065". The second section is titled "Type of Request" and contains a list of options: "-- Select --", "Admit", "Readmit", "Change of Payment Source", "Change of Payment Level (LOC Service Level Change)", and "Discharge". The "Admit" option is currently selected and highlighted in blue.

- Select the type of request from the drop-down box
- Additional fields will become required depending on the type of request selected

# Enter Provider NV Medicaid ID & Date of Admission

Input the Provider's Nevada Medicaid ID


Requesting Facility or Provider Information ?		
Screener Last Name	Screener First Name	Provider NV Medicaid ID
Fraga	Thea	000000000

Input the Date of Admission or Discharge Date

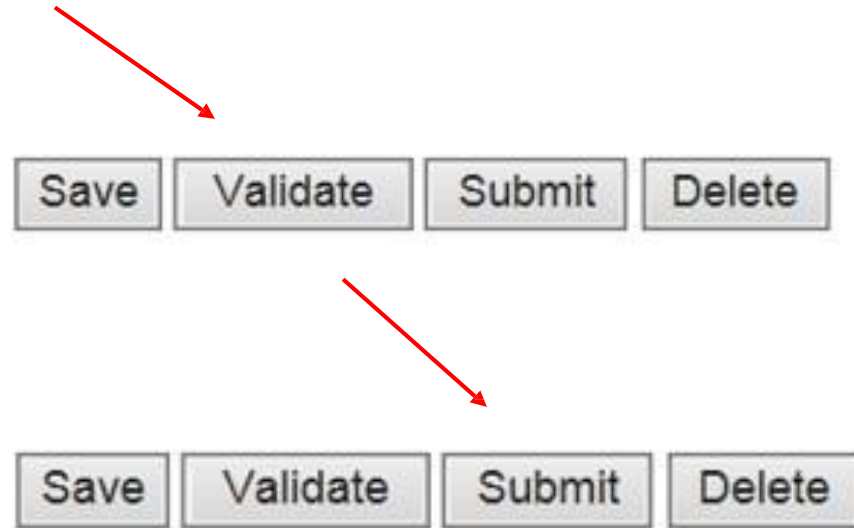
Admission Information		
Requested Medicaid Payment Start Date	LOC Service Level Category Requesting	Date of Admission
02/01/2016	Standard	02/01/2016
LOC Start Date	LOC End Date	
02/01/2016	01/31/2017	

# Enter Date of Discharge and Reason

Select discharge reason from drop-down options and input discharge date.



Discharge Information	
Discharge Reason <b>Transfer to Another ICF -</b> ▼	Other Discharge Reason <div></div>
Discharge Date <b>10/25/2014</b> 	
Additional Information ?	
Comments: <div></div>	

# Validate and Submit



1. Validate responses and correct errors.
2. Click on “Submit” to successfully transmit the tracking form.

# Eligibility Verification Error

 **Tracking Form Review:** 

**Manual Review:**

Screening auto rejected by system.

**Message:**

The member is not eligible for Medicaid on the date(s) of service requested.

If the recipient is not eligible, this message will display when recipient detail is accessed.



# Pended for Additional Information/Physician's Certificate

**Attachments and Messages:**

**Attachments**

Screening Form: UniformScreening.pdf

**All Attachments**

File Name	Size (bytes)	Description	Attached By	Date	Action ID
There are no attachments for this screen					

**Add Attachment**

Attachment Path:

Attachment Description:

Attachment Path:

Attachment Description:

**Attachment Tips:**

- Allowed file extensions: jpg, pdf, txt, rtf, doc, gif, tif, rar, zip
- Allowed maximum size per attachment is 4000000 bytes (~4 Mega Bytes)
- Bundle multiple attachments into a zip file using tools like WinZip
- When scanning document, scan into PDF, gif, tif file formats
- Do not do compressed zip when zipping

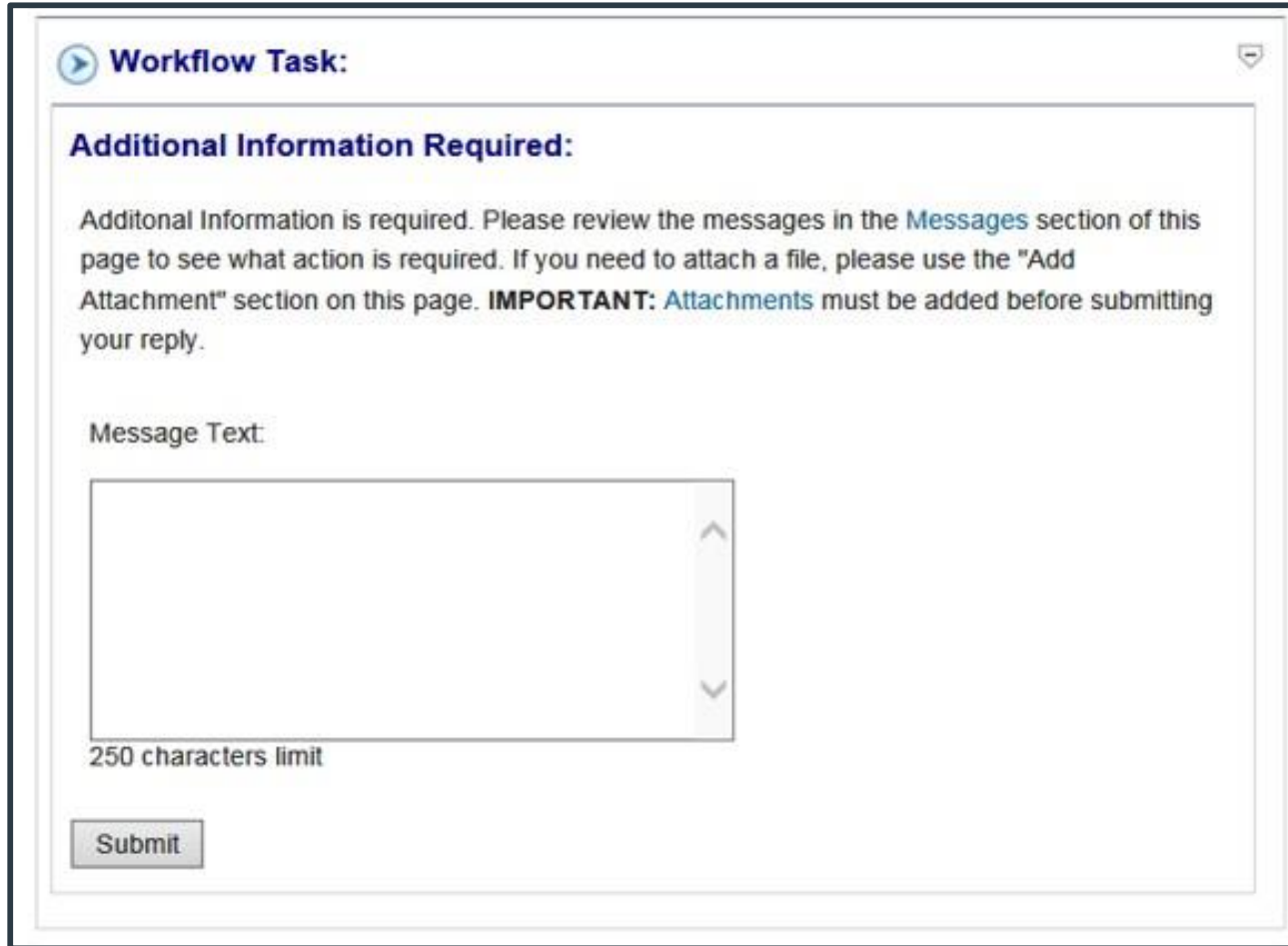
**Messages:**

Date	Author	Message
05/20/2016 17.04	User.HelpDesk	Please provide Physician's certification by uploading document.

## How to add attachments:

1. Access screening list
2. Select screening ID
3. Click on "Add Attachment" (Browse)
4. Browse for attachment
5. Click "Upload"

# Pended for Additional Information



The screenshot shows a 'Workflow Task' window with a title bar containing a play icon and the text 'Workflow Task:'. Inside the window, there is a section titled 'Additional Information Required:'. Below this title, a message states: 'Additional Information is required. Please review the messages in the [Messages](#) section of this page to see what action is required. If you need to attach a file, please use the "Add Attachment" section on this page. **IMPORTANT:** [Attachments](#) must be added before submitting your reply.' Below the message is a text area labeled 'Message Text:' with a vertical scrollbar on the right side. At the bottom left of the text area, it says '250 characters limit'. At the bottom left of the window, there is a 'Submit' button.

ICF/IID tracking requests for admits will be pended back for attachment of physician certification and resubmission.

**Required:** Complete a message in the text box and click "Submit"

# Successful Transmission

Screening has been submitted and your Screening ID for reference is **47026**.

Screening ID	Current status of your Screening	PASRR #	Description
47026	Completed		

After successful transmission, refer to the PASRR Portal. Click on “Screening ID” from “Screening List” to view the screening outcome.

Reminder: “Completed” can mean approved or rejected

# Verify Screening Outcome

WelcomeScreeningTrackingApplicant LookupAdminNotifications

Current Organization details and User roles: [Click Here](#) to expand/collapse

ScreeningsMy InboxPASRR Level 2 ScreensSubmit New ScreenLOC ScreensTracking Form Screens

Screening Filter

Screening List

[ Show Archived Screen ]

1

>> Last

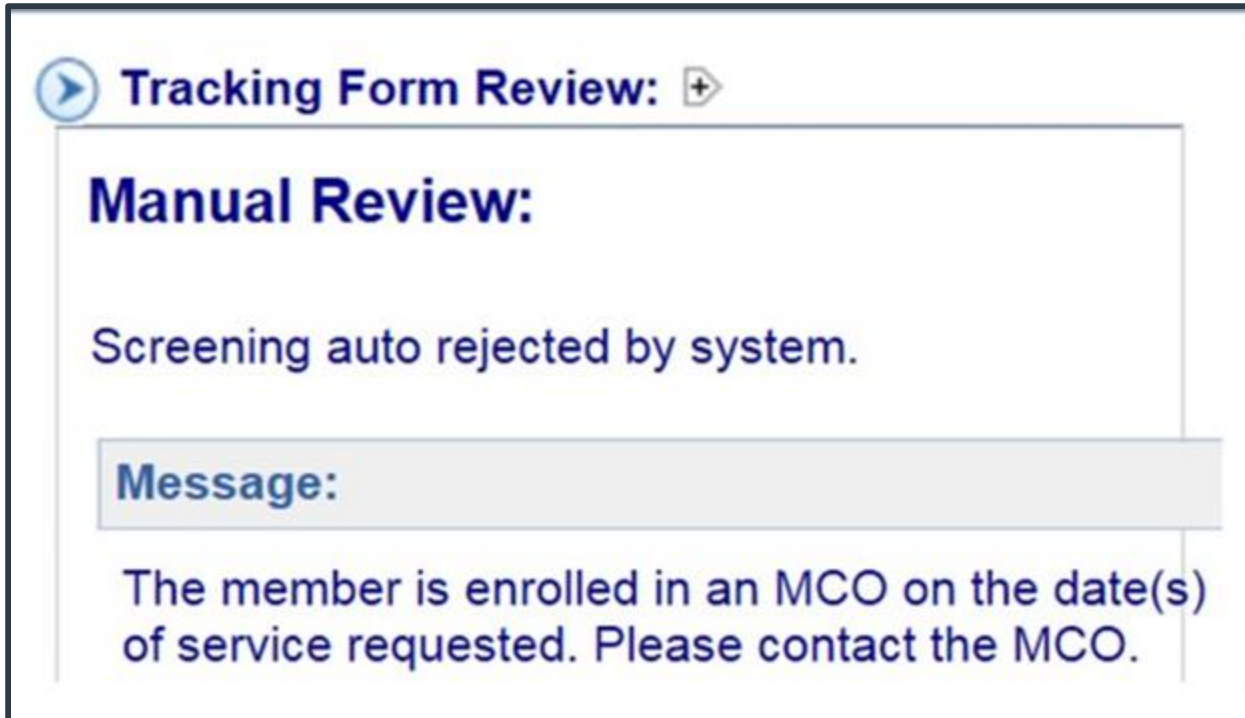
Results Per Page: 25



Displaying: 1-25 c

Screening ID	Applicant Name	NVP ID	Status	Submission Date	Completed Date	Screener Name	
47076			LOC Manual Review	05/31/2016		User, HelpDesk (HP Enterprise Services)	more..
47075			Completed	05/25/2016	05/31/2016	Robinson, Christi (HP Enterprise Services)	more..

Click on “Screening ID”  
to verify outcome in  
Screening Detail screen.

# Example of a Screening Rejection Disposition Message



 **Tracking Form Review:** 

**Manual Review:**

Screening auto rejected by system.

**Message:**

The member is enrolled in an MCO on the date(s) of service requested. Please contact the MCO.

When validation errors occur, refer to the validation error guides for resolution.

1. Click on “Screening” tab.
2. Review the screening list.

# Contacts & Resources

# Contacts

## **PASRR/LOC:**

Phone: (800) 525-2395

## **Division of Health Care Financing and Policy (DHCFP) – Long Term Services and Support (LTSS) Unit**

(775) 684-3619

## **Requests for LOC Assistance**

(775) 335-8556

## **Nevada Medicaid Customer Service Center**

(877) 638-3472

## **Training Requests**

NevadaProviderTraining@dxs.com

# Resources

## **Nevada Medicaid Website:**

[www.medicaid.nv.gov](http://www.medicaid.nv.gov)

## **Electronic Verification System**

<https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx>

## **State Website**

<http://dhcfp.nv.gov/>

## **Medicaid Services Manual – Policy Information (Chapter 500 – Nursing Facilities)**

<http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/>



**Thank you**